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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Inspection of the HSE Dublin South/Dun Laoghaire Local Health Area Fostering Service in the Dublin South/ East Wicklow Integrated Service Area

Inspection Report ID Number: 589
Inspection Fieldwork: 15 October 2012
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Service information [†]			
Name of HSE Local Health Area:	Dublin South/Dun Laoghaire		
Name of Integrated Service Area:	Dublin South/East Wicklow		
Type of HSE service:	Foster Care		
Report ID number:	589		
Announced or Unannounced	<input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced		
Type of inspection:	<input checked="" type="checkbox"/> Standard <input type="checkbox"/> Triggered <input type="checkbox"/> Targeted <input type="checkbox"/> Follow-up		
Legal authority to inspect:	Section 69(2) Child Care Act, 1991 as amended by Section 26 of the Child Care (Amendment) Act 2011		
Regulations governing HSE Foster Care Services	Child Care (Placement of Children in Foster Care) 1995 Child Care (Placement of Children with Relatives) 1995		
Relevant Standards	National Standards for Foster Care Department of Health 2003		
Other key National Guidance	Children First: <i>National Guidance for the Protection and Welfare of Children</i> (2011)		
Governance structure:	<input checked="" type="checkbox"/> Statutory reporting structure		
Number of children in foster care in the LHA	Relative: 37	General foster care: 72	Total: 109
Number of children with allocated social worker	Relative: 18 (49%)	General foster care: 50 (69%)	Total: 68 (65%)
Number of carer households	Relative: 37	General foster care: 53	Total: 90
Number of households with assigned link worker	Relative: 35 (95%)	General foster care: 43 (81%)	Total: 78 (87%)
Dates of inspection fieldwork:	15 October 2012 – 25 October 2012		

[†] Data source: HSE Child and Family Services Template completed by Dublin South/Dun Laoghaire LHA at the request of inspectors as part of this inspection with amendments following verification by inspectors on site.

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Type of last inspection:	<input checked="" type="checkbox"/> Not applicable - first inspection of service <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced <input type="checkbox"/> Triggered <input type="checkbox"/> Targeted <input type="checkbox"/> Follow-up
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1. Introduction

The great majority of children in the care of the Health Service Executive (HSE) who require a care placement are placed in foster care, which is provided for in the Child Care Act, 1991 and regulated through the Child Care (Placement of Children in Foster Care) Regulations 1995 and Child Care (Placement of Children with Relatives) Regulations 1995 (referred in this report as the child care regulations). Once the child is in the care of the HSE, the HSE has responsibility for that child's care, welfare and upbringing. Children are generally placed in family situations, either with their relatives or with general foster carers.

The Health Information and Quality Authority (the Authority or HIQA) is authorised by the Minister for Children and Youth Affairs under Section 69 of the Child Care Act, 1991 as amended by Section 26 of the Child Care (Amendment) Act 2011 to inspect foster care services provided by the HSE and to report on its findings to the Minister for Children and Youth Affairs.

The findings of the inspection are set out under nine outcome statements. These outcomes set out what is expected in foster care services and are based on the requirements of the Child Care Act, 1991, the child care regulations and the *National Standards for Foster Care* (2003).

The inspection report is available to children, parents, carers, providers and members of the public, and is published on www.hiqa.ie in keeping with the Authority's values of openness and transparency.

The inspection findings highlight areas of good practice as well as areas where improvements are required. The completed report and subsequent reports on actions taken by the HSE to meet the recommendations will be issued to the Minister for Children and Youth Affairs.

Acknowledgements

The Authority wishes to thank the foster carers, children and parents for the openness with which they embraced the inspection process and welcomed inspectors into their homes. Inspectors also wish to acknowledge the cooperation of the members of HSE Children and Family Services and senior managers in the Dublin South/Dun Laoghaire Local Health Area.

2. Profile of HSE Dublin South/Dun Laoghaire Local Health Area

Health Service Executive (HSE) Dublin South/Dun Laoghaire Local Health Area (LHA) is one of three local health areas in a wider Integrated Service Area (ISA) of Dublin South/Dublin South East/Wicklow, providing services to the southeast of Dublin. Dublin South/Dun Laoghaire area has a population of 206,995 people, including a population of 51,211 children.

Dun Laoghaire-Rathdown is an area in which there is a great disparity of wealth. Of the 69 District Electoral Divisions (DEDs), 55 are classified as being amongst the wealthiest 10% in the state. In sharp contrast, nine of the area's DEDs and 22 specific pocket areas are impacted by social disadvantage of one form or another.

At the time of this inspection, there were 109 children living in foster care in Dun Laoghaire, being cared for in 53 foster care households and 37 relative care households. 68 (62%) children had an allocated social worker and 78 (87%) of carers had an allocated link worker, the social worker assigned by the HSE to be primarily responsible for the supervision and support of foster carers. There were two (2.5%) households caring for more than two children that were not siblings. The service had placed nine (8%) children in non-statutory foster care placements. There were two children awaiting foster care placements.

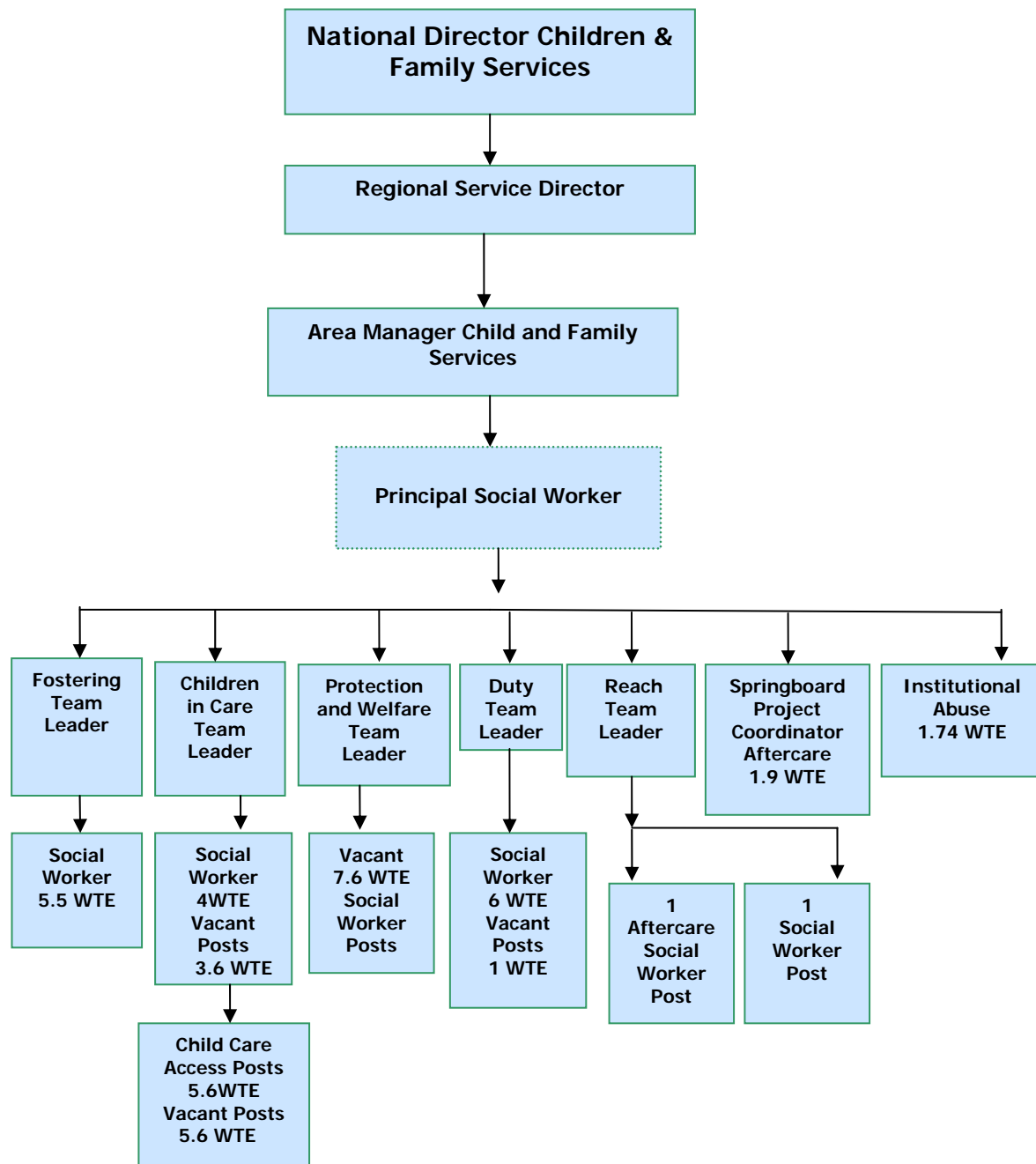
In Dublin South/Dun Laoghaire, the social work service was provided by eight separate teams. Six teams were managed by team leaders and the principal social worker supervises the social work team leaders and manages the Springboard and family support services. The organisational chart below describes the structure of the social work teams.

The duty team screened all referrals and completed initial assessments on all new child protection and welfare concerns. The team undertake further assessment where required and bring cases to child protection case conferences. They also put in place family support plans for welfare cases prior to cases being transferred to the protection and welfare team. Staff from other teams rotated for one week every 10 weeks to work with the duty team.

The protection and welfare team accepted child protection cases from the duty team where ongoing monitoring and comprehensive assessments are required. The team monitored family support plans on welfare cases and children at risk in the community. The team also worked with children who had recently been received into care. The children in care team were accountable for the care and welfare of 125 children who are in long-term care in the LHA. The fostering team had responsibility for the recruitment, assessment, training, support and supervision of foster carers. The institutional abuse team undertook assessments of institutional abuse allegations. The Reach team worked with children both at home and in care who required intensive supports to maintain them at home or in their current placement,

and the aftercare team provided support to young people aged 18 -23, in care transition into aftercare and independent living. The organisational chart in Figure 1 below describes the management and team structure as provided by the LHA.

Figure 1. Organisational structure of the Fostering Service, Dublin South/Dun Laoghaire LHA in the Dublin South/East Wicklow Region[†]



[†] Source: HSE Dublin South/Dun Laoghaire Local Health Area.

3. Summary of findings

Children in foster care require a high quality service which is safe and well supported by social work practice. Foster carers must be able to provide them with warm and nurturing relationships in order for children to achieve positive outcomes. Services must be well governed in order to produce these outcomes consistently.

Inspectors found that children were well cared for, safe, and lived in a nurturing and warm environment. They were consulted with and supported in raising issues and making choices. They had care plans which gave direction to their lives in terms of health, education and aftercare services.

Families were encouraged to engage in care planning and reviews. Access visits were planned and supported by social workers. The overall management of complaints was an area that required improvements, with families feeling that their complaints were not adequately addressed.

Overall, foster carers were well assessed at the time of inspection and able to meet children's needs. There was a shortage of foster carers in the area and a third of children were placed outside the Local Health Area (LHA). The inter-area transfer policy was not implemented and considerable resources were invested in service provision for children placed outside the LHA. In terms of assessment and approval, general foster carers were assessed and approved before children were placed with them and they had link workers who supported them in caring for foster children. However, the vast majority of foster carers were approved to provide short-term care and a matching process for long-term placements did not take place. Fourteen children were living with relative foster carers who had not been formally assessed or approved by the Foster Care Committee and this was being addressed at the time of inspection. The LHA did not provide ongoing training to support foster carers and their capacity to continue to provide care was not formally reviewed.

The systems and processes in place to safeguard and protect children from abuse improved the safety of children. Overall, staff operated in accordance with Children First (2011). However, the Foster Care Committee was not notified of allegations or the outcomes of investigations against foster carers.

Dublin South/Dun Laoghaire LHA provided services to foster children which were well organised and took account of their assessed needs. Staff were suitably qualified and experienced. All staff had regular formal supervisory meetings with their line manager and engaged in ongoing training and professional development.

Although management structures were relatively new, there was strong leadership and governance within the service. The systems in place to monitor risk were robust,

though data was not collated to inform service improvements and strategic planning. Budgetary cutbacks had impacted on services for children with disabilities and the source of funding for these children after their 18th birthday was not clear. There were a significant number of vacant posts on the children in care team, and children experienced frequent changes of social worker. Over a third of the children did not have an allocated social worker at all. This impacted on the ongoing monitoring of unallocated cases and also on the quality of the relationship between the child and their social worker.

4. Methodology

Inspectors reviewed policies and procedures, records and other documents and data as part of this inspection of the quality of the HSE foster care services to children in this LHA. The Authority also conducted on-site fieldwork which included interviews with key HSE personnel, observation of meetings, examination of children's and carers' case files, home visits to foster carers and children, and interviews with birth parents.

It is important to note that although all foster care households were notified of the inspection, the experiences and views expressed in this report by children, foster carers and birth parents are based on a sample group of children, carers and birth parents and therefore may differ to those of others.

The inspection approach entailed review and evaluation of information derived from multiple sources including documentation, data, interviews and on-site fieldwork. The Authority issued formal requests to the HSE for documentation and data in accordance with Section 69(3)(b) of the Child Care Act, 1991. Information was also obtained through interview with HSE staff. Inspectors selected and tracked the experiences of seven children in foster care, by reviewing their case files, interviewing the children, their birth parents, foster carers and the allocated social worker and fostering link worker. In total inspectors met with 13 carers, nine children and interviewed 10 birth parents to elicit their experiences of the service. The Authority also reviewed 48 case files of both children and foster carers and as part of the evidence gathering process.

All foster carers and children were informed of the inspection and were invited to give their views through an online questionnaire. The fostering team leader deputised for the principal social worker, who was on leave during the inspection.

5. Inspection findings

Outcome 1 – Each child receives a child centred service that respects their rights and responsibilities.

Under this outcome measure, children in foster care receive a service that recognises their rights including their right to be listened to. They participate in making decisions and are encouraged to voice their opinion. They are communicated with in an open and honest manner. Diversity is recognised and children feel valued as individuals.

Related reference:

- Standard 3: Children's rights
- Standard 4: Valuing diversity
- Child Care (Placement of Children in Foster Care) Regulation 8(1) Religion
- Child Care (Placement of Children in Relative Care) Regulation 8(1) Religion.

Summary of Outcome 1

Children's rights were promoted in the LHA and they were provided with services which took account of their assessed needs. Children were consulted with and supported in raising issues and making choices. However, the needs of children with disabilities were not adequately met and the complaints process required improvement.

Standard 3: Children's rights

This standard was met in part.

Inspectors reviewed policies and found that they were current, of good quality and supported the rights of children in foster care. They were understood by staff and used to inform practice. Children's rights were a live issue for the social work team; inspectors read the minutes of a team meeting in which were recorded a discussion on children's right to privacy and sharing of information with external professionals. Children told inspectors that they had private space at home and they also met social workers in private. However, while social workers strived to make children aware of their rights, there was no supporting literature provided and children had difficulty

retaining the information. Children told inspectors they could not recall what their rights were because there was a lot going on when they were given the information.

Children were consulted about key aspects of their lives and were able to make choices on a day-to-day basis. Evidence was found in children's case files that their views were considered by social workers at review meetings and that several children had attended these meetings. Children who chose not to attend had their views represented by the social worker, while some children also had a guardian ad litem, a legal representative appointed by the court to represent the child's best interests. Inspectors noted that children's wishes about access were considered and given due regard appropriate to their age and developmental stage. Care planning records confirmed that children were offered choices in their daily lives and children's wishes were largely respected. Children told inspectors about the decisions they made about school subjects and about clubs and activities in which they participated. Foster carers explained about the choices they offered to foster children in areas such as meal planning, decorating their bedrooms and selecting a family pet.

Inspectors were concerned that children who did not have an allocated social worker would not be able to make a complaint. Inspectors observed that children were not provided with leaflets about how to make a complaint, although all of the children who spoke with inspectors were aware of their right in this regard. Most children said they would raise an issue with their social worker or their foster carers and they were satisfied that the issues raised with social workers were taken seriously. Children who had made complaints were satisfied with how their complaint was managed. However, records and case files confirmed that some children experienced frequent changes of social workers and this could impact on the creation of a trusting relationship. One parent told inspectors that their child no longer confided in the social worker because 'they always move on'. A child who did not have an allocated social worker told inspectors she/he was unsure who they should contact if she/he had a concern.

Social workers maintained accurate records of complaints raised by children in individual children's case files. While it was evident that complaints were managed at local level in a child friendly manner and usually had a positive outcome for the child, data on complaints was not collated or analysed at a regional level to promote learning and inform service improvements.

Standard 4: Valuing diversity

This standard was met in part.

Inspectors found that social workers made every effort to maintain the cultural identity of children from diverse backgrounds. Policies and practices were in place to support children in understanding and appreciating their heritage. The Shared Rearing Service, a HSE service which recruits, assesses, supports and supervises foster families from the Travelling community, worked to meet the needs of children from this background. Inspectors found that Traveller children who could not be

placed with approved relative carers had overnight weekend access with their extended family. Staff had a good understanding of Traveller culture and training records showed that staff had attended training on the experiences of the Traveller community.

Inspectors determined from case file reviews and interviews with social workers that children from other diverse cultural backgrounds were also supported in maintaining links with their cultural heritage. They were placed with relatives where possible and funding was provided for foreign language tuition and facilitating foreign travel and holidays with relatives.

However, not all children with disabilities had their needs met in a timely manner. Inspectors read the files of children with disabilities and tracked the case of one child. They found that most of the children were in receipt of assistance or services to meet their identified needs. However, some children did not have their needs met in accordance with their care plans because funding was not provided in a timely manner. Inspectors found evidence that children with profound disabilities only had their needs met because social workers and foster carers advocated vociferously on their behalf.

Foster carers of children with disability were well supported by their social workers. All of the carers were complimentary about supports from link workers and allocated social workers. They confirmed that they had been offered training and benefited from the provision of regular respite breaks. Inspectors also found that the most children were provided with the necessary assessments and services to enable them to function to their highest capacity. They attended schools close to their foster homes and were provided with specialist assistance.

Outcome 2 – Children are able to maintain positive relationships with their parents, siblings and other significant family and friends.

Under this outcome measure, children's relationships with their families are actively promoted through regular, quality contact as appropriate to their safety. Siblings are placed together wherever possible. Services recognise the intrinsic value of kinship through placing children as much as possible with relatives and in their community. Children are supported in making, and maintaining contact, with their friends.

Related reference:

- Standard 1: Positive sense of identity
- Standard 2: Family and Friends.

Summary of Outcome 2

Children were placed with relatives wherever possible. Social work staff worked to give children a positive sense of identity, maintain siblings together and involve birth parents in care planning. However, the shortage of social workers meant that children did not see birth parents as often as they should. Children were placed outside their community because there was a shortage of foster carers in the LHA.

Standard 1: Positive sense of identity

This standard was met in part.

The policy prioritised the placing of children with relatives. Inspectors checked the register and found that a third of the children were in foster care with relatives. Social workers told inspectors that they always sought a suitable relative placement before a general foster placement was considered. Inspectors read children's case files and saw that this was the case. In addition, the possibility of a finding a relative placement was considered at child in care reviews in an ongoing basis.

There was a shortage of foster carers and the service did not have the capacity to maintain children within their local community. Data provided to inspectors showed that 33% of children in foster care were placed outside of the HSE South Dublin/Dun Laoghaire catchment area in relative care, HSE foster general care, and non-statutory foster care. The fostering team leader told inspectors that there was a shortage of foster carers in the area and where possible they tried to place these children within the Integrated Service Area as close as possible to their local community. This helped children to continue to attend their local schools and maintain links with friends, family and their community. However, some children placed outside their local community told inspectors that they had problems keeping in touch with friends during school holidays. They also said they felt 'different' because they could no longer share transport home with friends after a night out and they had to pay taxi fares.

Carers were supported in promoting a positive sense of identity to children in foster care with initial training and through ongoing supervision from link workers. Foster carers knew it was important to speak affirmatively about children's birth families and involve birth parents in significant events. Some carers described how they worked collaboratively with birth families to involve siblings in events such as Halloween festivities. Children spoke affectionately about birth parents and siblings and told inspectors that foster carers took them to visit family and grandparents regularly. Inspectors observed that the children were included in foster family pictures and photographs of birth parents and siblings were displayed in children's bedrooms.

Staff worked with children and collaborated with foster carers, birth parents and extended family to help children understand events in their lives. Inspectors read case files and found evidence that life story work was undertaken sensitively by the social work team and had contributed to successful outcomes for a number of children. Child care leaders told inspectors that this approach promoted more honest communication, which in turn better prepared children for adulthood. One child invited inspectors to view her/his life story book. She/he said it helped her/him to understand why "I am where I am now". Parents and extended family members participated in the information gathering process. Carers reported that children were provided with a safe environment in which to ask questions; they were supported in understanding the reality of their lives and provided with keepsakes and photographs to promote a positive sense of identity.

Standard 2: Family and Friends

This standard was met in part.

Inspectors found that most sibling groups were placed together in accordance with their care plan and their best interests. Inspectors met children who were placed together and also met children whose siblings were placed with a different fostering household and this was in line with the children's care plans. Inspectors checked the register and found that a number of sibling groups were placed together in non-statutory foster care. Social workers told inspectors that some sibling groups were placed with separate foster carers. The fostering team leader said that due to a shortage of foster carers in the LHA, they could not always place sibling groups together. However, placements were also sourced with non-statutory fostering agencies where it had been identified that it was in the children's interests to be placed together.

Social workers proactively encouraged the involvement of parents in most children's care. There was evidence that social workers promoted the involvement of birth parents though facilitating their attendance or having their views represented at care plan review meetings. Inspectors examined 33 case files and care plans and found that family access was carefully planned and reviewed at regular intervals for the children involved. The children's wishes were given due consideration and care plans addressed the right of the child to have good quality access with their family. Some

children interviewed said they had sufficient contact with their families and that social workers listened to them when they wanted to discuss access. However, where children were either not allocated a social worker or had a change of social worker, inspectors found evidence that access arrangements were not in line with their care plans. For example, while some care plans stated that frequency of access was to be determined by the wishes of the child, inspectors found that irregular contact with social workers impacted on the frequency and quality of access.

Children were encouraged to maintain key friendships and develop new interests. Children told inspectors about their friends from school and from the local community. Foster carers actively encouraged children to join local youth and sports groups. Children were in receipt of an allowance for phone credit which supported them in maintaining telephone contact with families and friends. Older children told inspectors they used social media to keep in contact and inspectors found evidence that carers implemented HSE policies to keep children safe when using the Internet.

Outcome 3 – Each child achieves positive outcomes in relation to their health and development, education and transition to adulthood.

Children achieve their potential through having stable placements where they receive high quality care that promotes their self-confidence and self-esteem. Children are healthy and understand the importance of looking after their health. Their educational needs are given high priority and they attain their full potential. They experience support and security as they grow towards adulthood and independence.

Related reference:

- Standard 8: Matching children with carers
- Standard 9: A safe and positive environment
- Standard 11: Health and Development
- Standard 12: Education
- Standard 13: Preparation for leaving care and adult life
- Child Care (Placement of Children in Foster Care) Regulation 6, 7, 13(2)a, 16(d)
- Child Care (Placement of Children in Relative Care) Regulation 7(1), 13(2)(a), 16(d).

Summary of Outcome 3

The vast majority of children were placed with carers chosen for their capacity to meet each child's individual assessed needs. However, 14 relative foster placements were not approved by the Foster Care Committee. Arrangements for long-term placement matches for children in foster care were inadequate. Children were healthy and they were supported to achieve their educational and vocational potential. However, children did not have complete immunisation and developmental history on file and they did not have medical assessments carried out on admission to care, creating a risk to their continuity of care. The aftercare service prepared and supported young people to transition into independent adult life.

Standard 8: Matching children with carers

This standard was met in part.

The majority of children in general foster care was placed with suitable carers who had been comprehensively assessed. Social workers told inspectors that placement with suitable relatives was the preferred option. When care options were discussed and relatives were available to foster the child/children, this information was

communicated to the fostering team who then assessed the relative carers. When a suitable relative carer was not available, the social worker gave the fostering team information about the child and this team then identified suitable potential foster carers, based on their knowledge of foster carers in the area. The fostering and the children in care teams then agreed the best available match for the child from the list of foster placements available. Inspectors read the case files which confirmed that an initial matching process was undertaken prior to placing a child with foster carers and suitable, stable placements were found for children. Foster carers told inspectors they were committed to providing long-term placements for the children living with them. A review of the children's case files showed that many children were placed in families for a prolonged period. Most of the children that inspectors visited were in long-term placements and they expressed satisfaction with their placement, considered it to be their home and said that they felt they were part of the family.

Within the previous 12 months, there were a small number of unplanned placement endings. The case files all held records of case discussions and planning meetings which were held to resolve the underlying problems when placements were under stress. At the time of inspection, suitable alternative placements had been found for these children and they had been allocated social workers and family link workers. Inspectors spoke with social workers, viewed the relevant case files and found that carers' inability to cope with behaviours was the underlying cause of placement breakdowns. Inspectors read case files and found that not all carers had attended training to equip them to manage behaviours that challenged and there was no commitment to participate in ongoing training in the contract between carers and the LHA.

Some children were placed with carers who did not have the capacity to meet their assessed needs. Social workers confirmed that the limited supply of foster carers meant that while children were matched with the best available foster carers, the suitability of the match could not always be guaranteed. Social workers told inspectors that when a placement ended in an unplanned manner, they did not always carry out exit interviews to elicit the children's views and the carer's capacity to foster was not formally reviewed. Inspectors examined case files and found that carers were supported and offered counselling after the event but records of carers' supervision lacked evidence that link workers challenged foster carers or questioned their commitment to the children in appropriate cases. The fostering team leader told inspectors that cases were not formally reviewed following the breakdown and the Foster Care Committee was not notified that the placement had an unplanned ending. This presented an ongoing risk to the stability of the future placements and consequently the welfare of children in foster care.

Standard 9: A safe and positive environment

This standard was met.

Inspectors observed that in the foster homes that they visited, children lived in safe accommodation which met their individual needs. Children confirmed that they had

adequate personal and recreational space. Inspectors also observed at the time of inspection that accommodation was clean, safe and suitably maintained. The fostering team undertook an assessment of foster care accommodation to ensure that it was safe and suitable. Assessment reports were viewed on file and foster carers confirmed that a home inspection formed part of the foster carer's assessment. A link worker showed inspectors the completed form he/she had used to risk assess accommodation for a young person who had recently moved into independent living. The form was found to be comprehensive and the fostering team leader confirmed that this form was in use for the assessment of new foster carers and would also be part of the review of foster carers. Foster carers told inspectors that their homes were inspected as part of their initial assessment, and an inspection of the home was undertaken again when they were allocated a new fostering link worker.

Inspectors observed that children were well cared for, wore suitable clothing and were dressed in a style similar to their peers. Social workers and carers told inspectors that older children who were in 'supported lodgings' received a clothing allowance three times each year. Foster carers said they provided children with pocket money and supported children to engage in leisure activities, hobbies and with clubs. Inspectors saw at the time of inspection that children's social needs were addressed in their care plans. Children told inspectors that they enjoyed playing and attending parties with friends. They also participated in activities such as drama, scouts, swimming and music lessons. All the children who were interviewed said they were satisfied with the pocket money they received.

Standard 11: Health and Development

This standard was met in part.

Children did not have medical assessments on admission to care. Inspectors examined 33 children's case files and found that none of the children, including those who had medical conditions, had medical assessments before they were admitted into foster care. This is a regulatory requirement but social workers told inspectors that medical examinations were not normally done prior to children being placed in foster care. Inspectors read a recent audit report and found that this was an area identified for improvement. Inspectors noted that case records did not contain clear and complete records of children's health and development information from birth. Social workers told inspectors that they did not follow up to ensure that children's complete health information would be held in the children's case files, as required by the Standards. This posed a risk to children as their full medical history was not known to all relevant parties when they were received into care. Some foster carers told inspectors that they struggled to get pertinent information about children who had medical conditions. One carer said: 'It's not that they [social workers] were withholding information. I think they just didn't have the information themselves.'

Children in foster care had an assessment of their current health needs as

appropriate and these were carried out in preparation for the child in care review. Care plans were devised to address their identified needs. Inspectors examined children's case files and found that children all had medical cards. The case files showed that children's ongoing medical, ophthalmic and dental needs were discussed at the child in care review meetings and that the health-related actions in the care plans were implemented. The children met by inspectors were healthy. They confirmed that they had attended dental, optician and medical appointments. Some children wore glasses and orthodontic devices. Foster carers told inspectors that children had experienced delays in accessing some services and carers praised the support they were given by social workers in accessing services such as medical and podiatry treatments.

Social workers told inspectors that they discussed the issue of consent to medical treatment with birth parents and foster carers. Birth parents told inspectors that social workers sought their permission for routine dental and medical procedures, and there was documentary evidence to support this. The 13 carers interviewed were fully aware of their responsibilities regarding consent for medical treatment and their duty to inform the HSE regarding any health issues or events concerning the child in their care. Case files held evidence that relevant events were notified to the social work service. At the time of the inspection, social workers had current knowledge about the health status of children in foster care, and children were provided with appropriate planned and emergency treatments.

Standard 12: Education

This standard was met.

Inspectors found that children were supported in achieving their full educational potential. Social workers told inspectors that they tried not to disrupt children's education by moving schools when children came into foster care and children confirmed that their schooling had not been disrupted. Social workers explained that they try to place children with carers who would promote their education. Some carers told inspectors that they were identified as being particularly able to support children in education and that they were matched with children in order to maximise their academic potential. Some children said foster carers had organised educational grinds for them, along with private career guidance assessments.

Children's case files showed that the ongoing educational needs and progress of children were considered and discussed at child in care reviews. Educational assessments, school attendance records and school reports were held on file; records showed that social workers sought the views of teachers and that teachers sometimes attended the review meetings. Inspectors saw that the children had a care plan to address their educational needs and that agreed actions or supports were implemented. Progress notes on children's case files showed there was good communication and strong links between children, social workers, foster carers and schools. Children who met with inspectors were satisfied with school life and older children spoke of their ambition to attend college in the future. Children also told

inspectors of their foster carers having been instrumental in organising a work placement as part of a plan for a vocational career. Statistics provided by the aftercare social worker showed that 83% of young people in aftercare were still in full-time third level or vocational education and were funded by the LHA after their 18th birthday.

The area manager acknowledged that educational outcomes for children in foster care were not formally collated by the LHA and therefore, strategic planning was not informed by these outcomes. This is discussed further under Outcome 8.

Standard 13: Preparation for leaving care and adult life

This standard was met.

The LHA provided an effective aftercare service that was tailored to meet the needs of care leavers. The social work department had a dedicated aftercare worker and also engaged two external organisations to provide aftercare services. In addition, the Reach team offered specialist support to vulnerable young people and undertook intense, focused work with teenagers who engaged in risk-taking behaviours. Social workers told inspectors that they routinely submitted an application for aftercare in advance of a child's 16th birthday. Inspectors interviewed the aftercare worker and examined the files of four children who were over 16 years of age. The case files held preparation for leaving care and aftercare plans for each young person. This included concrete plans for independent living and a focus on living skills by foster carers. Each of the case files had a 'leaving care needs assessment' and a referral to the aftercare service.

The aftercare worker confirmed that most referrals were made before a child's 16th birthday. An aftercare plan was put in place and proactive work was undertaken by the aftercare worker when the young person reached 17 years of age. The aftercare social worker provided the service to 33% of the children in foster care and two external agencies provided an aftercare service to the remaining young people. Data provided to inspectors showed that 60 young people aged between 16-23 years were in the aftercare service. Young people told inspectors that they had been supported to become independent and they developed skills to organise shopping, budgeting and managing their laundry. Some young people acknowledged the support provided by the foster carers and identified cooking skills as an area for development.

The LHA provided data to the Authority that showed that 9% of children in foster care over the age of 18 continued to live with their foster carers. This was a positive outcome for young people, who were supported to remain in their placements, providing stability and support within a family environment into adulthood.

It was evident from interviews with managers, social workers and foster carers that the source of ongoing funding of services for children with disabilities after the age of 18 years was not clearly defined and this created a sense of insecurity for these

young people. In addition, outcomes for care leavers were not formally collated and analysed by the LHA at the time of the inspection, and therefore strategic planning for aftercare was not informed by these outcomes.

Outcome 4 – Children are safe and services comply with Children First: Guidance for the Protection and Welfare of Children.

Under this outcome, children are safe and protected from abuse. They experience safety and security in their placements. Children that disclose abuse are supported and their concerns acted upon. *Children First: National Guidance for the Protection and Welfare of Children* (2011) is effectively implemented in manner that protects and safeguards children

Related reference:

- Standard 10: Safeguarding and Child Protection
- *Children First: National Guidance for the Protection and Welfare of Children* (2011).

Summary of Outcome 4

There were systems and process to safeguard and protect children from abuse and these systems did improve the safety of children. Staff operated in accordance with *Children First: National Guidance for the Protection and Welfare of Children* (2011), referred to in this report as Children First (2011). However, foster carers were not trained in relation to Children First (2011) and there was no formal process to monitor its implementation.

Standard 10: Safeguarding and Child Protection

This standard was met in part.

Inspectors read policies in advance of the inspection, including a document called, 'A framework for Measuring, Managing and Reporting Social Work Intake, Assessment and Allocation Activity'. Social workers told inspectors that this framework was helpful in providing a standard scale and guidance for risk analysis to aid a consistent approach to managing risk and decision making. Inspectors found that social work practice was guided by national policies and guidelines on safeguarding children and that social work teams were organised and resourced to respond to concerns and manage welfare and child protection concerns in line with Children First (2011). All staff had attended a briefing on Children First (2011) and the majority of staff had attended child protection training.

The LHA had a system in place to implement processes in line with Children First (2011). All staff had attended a briefing on Children First (2011) and there was a system for staff to attend joint training with An Garda Síochána. Records for 26 staff were examined and inspectors found that 16 staff had attended Children First (2011) training and four additional staff were scheduled to attend in November 2012. Team leaders told inspectors that they supplied each team member with an electronic copy of Children First (2011) and a hard copy of the Children First (2011) Handbook. Staff interviewed all confirmed that they had received a briefing on Children First (2011) and they described for inspectors the appropriate management of a child protection or welfare concern. Staff told inspectors that they always used the HSE Children First Handbook and commented that they found team discussions on child protection and welfare issues helpful in promoting learning. Inspectors read the minutes of team meetings, which confirmed that a discussion on safeguarding and child protection had taken place.

The LHA had not provided foster carers with training in Children First (2011) and this created a risk to children that foster carers might not recognise signs of abuse and might not report concerns appropriately. However, regular contact and supervision by fostering link workers was found to mitigate this risk. Inspectors examined 13 carers' files and found records of visits where link workers held discussions with carers about safe care practices regarding social networking, Internet use and personal care. Foster carers interviewed confirmed that they had covered safe practices in their "Foundations for Fostering" programme. However, those who attended training prior to 2011 had not been briefed about the most recent guidance for the protection and welfare of children and the LHA had not provided ongoing training to foster carers. Inspectors found that carers were able to identify possible signs of abuse and carers told inspectors they would respond to a disclosure of alleged abuse by listening to the child and reporting the matter to the social worker. Case notes on children's files and case supervision records held evidence that carers often contacted social workers to discuss their concerns and other significant issues. Foster carers told inspectors that social workers responded appropriately and provided useful advice and support.

Data submitted for inspection showed that 13 child welfare and protection concerns about foster carers were investigated in the previous three years. Four were confirmed, one was unconfirmed and eight were unfounded. Eight allegations were reviewed by inspectors including those allegations made against foster carers in the previous 12 months. They interviewed one of two investigating social work team leaders and reviewed relevant records and found that Children First (2011) processes were largely followed. Comprehensive assessments were undertaken and there was good evidence of consultation with other professionals and key parties in the children's lives. The welfare of children was a paramount consideration and where possible the stability of the placement was maintained throughout the assessment process. For example, a stringent safety plan was put in place to allow a child to remain in a placement while an allegation was investigated. In relation to confirmed allegations, the investigator told inspectors that a decision was made not to submit a child protection notification because the issues were resolved and they were not considered to constitute significant abuse. However, inspectors found that these

foster carers were not formally reviewed and the Foster Care Committee was not given information about allegations against foster carers. This presented an ongoing risk to children as the Foster Care Committee did not have complete and accurate information to review foster carers and inform decisions about the future placements. Inspectors found a case where allegations were made about a foster carer from outside the LHA which constituted a potential risk to children. This was raised with senior managers of the service during the inspection.

Although the area manager had oversight of individual child welfare and protection concerns, there was no formal system to monitor the implementation of Children First (2011). Inspectors identified areas where improvements were required in the implementation of safety plans, the completeness of documentation, information sharing with the Foster Care Committee and formal reviews of foster carers who had been the subject of an allegation. Inspectors found there had been occasional delays in formulating and implementation of the safety plan which could have placed children at further risk. While there was no evidence of a poor outcome for the children concerned, these issues presented potential risk to the safety and welfare of other children where this might be the case.

Social workers used standardised documents to record how decisions were reached and the actions taken in line with Children First (2011). Overall these documents were adequately completed but inspectors found that this was not always the case. In one instance, a thorough assessment had been conducted and a robust plan put in place to ensure the safety of the children, but the decision making process was not clearly recorded. From reviewing case files and interviews with social workers, it was also evident that there were some deficits in consulting with children in relation to allegations. In three cases where allegations were made by a third party, children were asked about their lives in a very general way. There was no record of children being asked if they were safe, happy or had any worries. A key opportunity was missed and this could further impact of the safety of the child. Having reviewed case files, inspectors spoke with social workers and found that birth parents were not routinely notified if an allegation had been made against them, even though this had a direct impact on access to their children. The absence of a system to monitor the implementation of Children First (2011) presented a risk to the welfare of children. In addition, data was not collected to monitor trends or to make comparisons with other areas and support learning.

Outcome 5 – Each child receives high quality care that is effectively planned and managed by a designated social worker.

Each child has a designated social worker that plans and supports their lives while they are in care. They are involved in making decisions about their lives. Birth families and carers are consulted in making and implementing care plans. Everyone works together to support and guide children in their lives.

Related reference:

- Standard 5: The Child and Family Social Worker
- Standard 6: Assessment of Children and Young People
- Standard 7: Care Planning and Review
- Child Care (Placement of Children in Foster Care) Regulations 4, 6 (1), 11, 13, 17(1), 18, 19
- Child Care (Placement of Children in Relative Care) Regulations 4, 7 (1), 11, 13, 17(1), 18, 19

Summary of Outcome 5

Over a third of the children in foster care had no allocated social worker and contingency plans to address this were inadequate. Assessment and statutory reviews were carried out and used to inform care plans. The majority of children had a good quality care plan in place which was tailored to their needs and provided direction to their lives. However, arrangements to monitor the implementation of care plans for unallocated cases were found to be inadequate. Some children experienced frequent changes of social worker and this impacted on their capacity to have a trusting relationship.

Standard 5: The Child and Family Social Worker

This standard was not met.

Many of the children did not have an allocated social worker. Data provided for inspection showed that 38% of children in foster care did not have an allocated social worker. The children in care team leader confirmed that three social workers had resigned earlier in the year and had not been replaced and consequently the team was working at 67% of its capacity. The team leader told inspectors that the allocation of social workers to children in foster care was based on risk. The team leader assigned unallocated cases to social workers at different times in order to ensure that statutory visits and child in care reviews were organised and performance targets were largely being achieved.

Data provided to inspectors showed that all children in foster care had been visited by a social worker in the previous six months. Inspectors examined 33 case files and found all the files had records of social work visits in compliance with the child care regulations. In some cases children had received a number of visits from their social worker within the previous six months. These were children who had either been recently placed or were in their placements for under two years. All social work visits were recorded and there was evidence that newly placed children had been visited within the first month of the placement and every 12 weeks in line with regulatory requirements. Social workers told inspectors that they visited children at least six-monthly and more often depending on the child's circumstances. They were clear about their legal responsibilities regarding frequency of visits. Children and foster carers who spoke with inspectors confirmed that the social worker visited children recently. Older children who had an allocated social worker told inspectors that they could phone their social workers to arrange to meet up whenever they needed to.

Inspectors found that the LHA was not able to monitor all children consistently. Social workers monitored the safety and wellbeing of the children in foster care who were considered to be vulnerable. However, due to vacancies on the children in care team, the welfare of children who did not have an allocated social worker was not monitored. Team leaders told inspectors that they risk rated the teams' workload on a weekly basis. They used a HSE risk assessment framework to do this in order to identify children at risk or potential risk so that risk could be actively managed. Case supervision records showed that social workers discussed the outcomes of risk assessments at formal supervision with team leaders and actions were identified and followed through. Inspectors read case files and saw that children who were deemed to be at potential risk all had an allocated social worker and children who had a safety plan were visited more frequently as outlined in their care plans. Case supervision records on allocated children's files showed that actions from care plans were documented and monitored frequently by the social worker and team leader. Inspectors found that recommendations were implemented and those responsible for taking the actions were clearly identified. This supported professional accountability and ensured that the outcomes for children in foster care were monitored within the social work department. However, there was little evidence of ongoing monitoring on the files of unallocated cases. The quality of the case notes was often poor and there was a lack of detail about how the child's life was progressing. For example, inspectors could not determine if revised access arrangements had gone well, if a child had enjoyed their first trip abroad or if issues such as school bullying had been resolved.

Children were visited every six months by a social worker but there was little evidence that their safety and wellbeing was monitored on an ongoing basis. Social workers told inspectors that they often saw children when they were in crisis rather than when things were going well. Inspectors found no evidence of poor outcomes for children because foster carers or children proactively had made contact with the service if a social work intervention or visit was required. This meant that the contingency system to support monitoring was not robust but dependent on the assertiveness of individuals. Arrangements to mitigate the gaps in monitoring created by unfilled social work vacancies were not sustainable in the long term.

Children interviewed who had an allocated social worker said they met with their social workers in private, saw them regularly, and felt that their social workers were supportive of them. Children also told inspectors that they found frequent changes of social workers difficult. Inspectors read case files and found that children experienced frequent changes of social worker. One child had five different social workers within a 24-month period; another child in care for nine years had 13 different social workers. Three children had nine social workers in nine years and three siblings had eight social workers in five years. Statistics provided to inspectors showed that 12 out of 28 children had eight or more allocated social workers over an unspecified time period. It was apparent that this did not always relate to recent staff vacancies and no explanation was offered as to why this situation existed.

Some foster carers said changes of social workers sometimes resulted in poor communication which adversely affected children. Inspectors found the quality of transfer summaries varied. Some were excellent and gave a comprehensive overview of the young person's care history and current care needs. This facilitated a smooth transition and good continuity of care for the children. However, other transfer summaries were of poor quality and this hampered the ability of the newly allocated social workers to effectively case manage from the outset. In some cases, inspectors found that social workers were unable to provide key background information when this was requested by inspectors. There was evidence of poor outcomes for children such as a delay in implementing a safety plan in one case and an access visit for another child did not take place because a recently allocated social worker was not aware that they were responsible for making the necessary arrangements. There was also a potential risk that the failure to provide children with a social worker with whom they could relate to in a meaningful way may have serious consequences in the future.

Social workers organised children's review meetings, assessments, care plans and placement plans for children in foster care. Inspectors studied the case files including previous care plans and found that social workers had coordinated the care to ensure that care plans reflected children's needs and the required actions were undertaken. The majority of children felt their needs were being met and there was evidence that action was taken when issues arose.

Some children did not have anyone who was responsible for the coordination of their care. Inspectors read case notes and found in some cases that the case notes had not been updated since the previous social worker left and it was impossible to determine if actions had been taken or the goals identified in the care plan were being achieved. Inspectors read minutes of team meetings and noted that staff had expressed concern that time spent on unallocated cases impacted on social workers' capacity to work with children on their caseload. Inspectors met foster carers and social care leaders who said they had taken on the coordinating role in the absence of an allocated social worker.

Table 1. Compliance with related child care regulations under Outcome 5

Children in foster care	Total children in foster care is <109	%
Number of children with an assigned social worker	68	62%
<i>Regulation Article 17</i> Number of children who had been visited in the past six months by a child and family social worker	109	100%
<i>Regulation Article 11</i> Number of children with a written care plan on file	81	74%
<i>Regulation Article 18</i> Number of children whose care plans have been reviewed in accordance with the child care regulations	98	90%

Standard 6: Assessment of Children and Young People

This standard was met.

Each child had an assessment of need undertaken prior to, or soon after they were placed in care. Social workers told inspectors that they carried out a needs assessment before placing a child in care and a comprehensive assessment soon afterwards if this was not done prior to the placement. Inspectors examined 33 case files and found that an initial assessment of need was undertaken by social workers and it included input from other key professionals. There was a record on most of the files that a copy of the assessment was given to the family and foster carers. Birth families and foster carers told inspectors that they had received a copy of the assessment and older children interviewed were aware of the outcomes of the assessment. This meant that detailed information was available to those delivering care which supported them to do this effectively.

Inspectors found that the assessment included social, psychological, medical, and educational needs of each child. Social workers consulted with families and other professionals to inform the needs assessments. Inspectors found that assessments of children with disabilities and other complex needs were very detailed and informed by relevant health and educational professionals. Inspectors interviewed social workers, reviewed case files and found evidence that assessments were used to inform the care plans and supported the initial matching process. They included all relevant information, which in turn, informed individual plans and provided direction for the children's lives. The fostering team leader told inspectors that emergency placements were rare and when inspectors examined the file of a child who had recently been admitted into care, they found that they had an initial assessment done and a comprehensive assessment was completed within six weeks as required.

Standard 7: Care Planning and Review

This standard was met in part.

Children had ongoing assessments of their needs and review meetings were appropriately convened to reassess each child's changing needs and inform their care plan. Social workers told inspectors that they reassessed each child in order to update their care plan. Inspectors examined 25 care plans current at the time of the inspection and found that each care plan was informed by an assessment of the child's individual needs.

The majority of children had good quality care plans. Data submitted prior to inspection showed that 72% of children in general foster care and 78% of children in relative foster care had a care plan. Inspectors read 33 children's case files and found that 25 children had a current care plan at the time of the inspection. The aims and objectives of the care plan were evident and there was evidence of good forward planning with immediate and long-term goals clearly stated. Inspectors found that children's needs in all aspects of their lives were identified and care plans outlined how these needs would be met. There were detailed arrangements for the implementation of the care plan including the allocation of tasks to named individuals and timescales for their completion or review. Inspectors noted that the care plans identified the supports to be provided to the child and the foster carers. For example, some children's plans detailed work that social care leaders would undertake such as work on life stories or social skills. There was evidence that social workers revisited the initial goal of the placement and plans for reunification with birth families were appropriately considered, made and implemented where appropriate. Access arrangements were documented in each care plan and the date for the next scheduled review was recorded. Particulars of the child's care plan and placement plan agreement were made known to the child, parents, as appropriate, foster carers and link worker. Children who met with inspectors were clear about their care plans. Signed copies of placement plans were held on file and parents and foster carers told inspectors that they had received a copy of the agreed plan.

Social workers consulted with foster carers, children and families effectively during the care planning process. Social workers told inspectors that the new child friendly templates helped children to engage fully in their statutory care reviews. They said they usually visited children in advance to help them to prepare for their reviews and to be able to represent their views if they choose not to attend the review meeting. There was evidence that the outcome of the meeting was discussed with these children appropriately. Case files viewed and children who met with inspectors confirmed that this was the case.

Foster carers also confirmed that they were consulted and involved in review meetings and care planning. Case files also contained records of consultation documents completed by foster carers. Inspectors found that social workers invited participation from birth families at care plan reviews. Records of review meetings showed that parents, aunts, uncles and grandparents often attended or were

consulted prior to the review meeting. Parents who spoke with inspectors were all aware of the 'child in care review meeting' and the majority said they attended or had input into the meeting. Foster carers and parents told inspectors that they were provided with a record of the decisions of the review and inspectors found copies were held in case files. Some parents told inspectors that they had not received adequate notice to prepare for the review meeting. However, they stated that they had never formally raised this issue with the service.

Overall, care plans were reviewed in line with the child care regulations and Standards. According to HSE published statistics (see www.hse.ie) the LHA had a good track record for meeting targets for child in care reviews and care plans but there were deficits. Data provided for the inspection showed that in 2012, 25 statutory reviews were held, seven were scheduled for November 2012 and four reviews, which were overdue, did not have a review date. Inspectors examined children's case files and found that 27 of the 33 files held records of a care plan review. Two had not seriously exceeded the timelines required but two others were almost two years overdue. Inspectors also noted that a child who had two placements in 2012 had not had a formal review or their care plan updated for over 12 months. However, inspectors examined the progress notes and interviewed the allocated social worker, the child, and the team leader and found that the child had weekly contact by either the social worker or the child care leader. The placement was being closely monitored and this mitigated the lack of proper care planning to a degree.

Outcome 6 – Each child receives high quality care from carers that have been appropriately assessed and approved.

Under this outcome measure, children live with carers that value, accept and support them. The HSE ensures that carers are suitable to provide this type of high quality care through its assessment and approval process. Assessments are comprehensive and all carers are approved by the Foster Care Committee.

Related reference:

- Standard 14: Assessment and Approval of Foster Carers
- Child Care (Placement of Children in Foster Care) Regulation 5, 9
- Child Care (Placement of Children in Relative Care) Regulation 5, 6, 9.

Summary of Outcome 6

Children were valued, supported and protected in their foster homes but some of the assessment and approval procedures were not always followed. The vast majority of general foster carers who were caring for children on a long-term basis had only short-term approval. General foster carers were assessed and approved before children were placed with them but some of the relative carers were not fully approved.

Standard 14: Assessment and approval of foster carers

This standard was met in part

(a) Assessment and approval of non-relative foster carers

Foster carer applicants underwent comprehensive assessments conducted by social workers. According to data supplied for the inspection, the 53 general foster care carers in the LHA were all approved by the Foster Care Committee. Inspectors, having interviewed fostering link social workers and familiarised themselves with the relevant HSE policies and guidelines, found that social workers completing these assessments were guided by policies which complied with the child care regulations. Inspectors examined 12 carers' files and found foster carers had undergone a comprehensive formal assessment prior to children being placed in their care. The requisite checks, including medical reports, Garda Síochána vetting and reference checks, had been carried out and were kept on file.

The completed assessments were found to be of a good standard and included an assessment of the carer's home. Inspectors observed a meeting of the Foster Care Committee and interviewed the chairperson, finding the assessment process to be thorough and comprehensive. Foster carers confirmed that they were given clear

information on the assessment and approval process and that they had received a copy of their assessment report once completed. All files viewed held a copy of a contract for each child placed with foster carers.

The principal social worker did not have a system in place to monitor the time taken for the different stages of the assessment and approval of general carers; in addition exact figures were not available to monitor trends. It was acknowledged that the process exceeded the 16-week Standard requirement. Foster carers reported the approval process took approximately nine months, from their initial enquiry to becoming approved foster carers. This was confirmed by social workers and was evident from the files reviewed.

While foster carers were initially approved by the Foster Care Committee, their ongoing suitability to continue fostering was not reviewed. Data provided to inspectors showed that there were three places in the LHA for long-term foster care and 48 short-term places. Inspectors noted that the majority of children were in stable long-term placements and thus the approval which had been granted was not in line with the care that foster carers were providing. Twelve files were reviewed and inspectors found that 11 of those 12 carers provided long-term placements but had short-term approval. A carer fostering two siblings on a long-term basis had short-term approval for a single child. Another child had been in a stable placement for five years with a carer approved for short-term placements. The allocated social worker, fostering link worker and the child's family all supported long-term placement for this child and agreed that his/her needs were fully met. On the other hand, some carers expressed frustration at finding themselves having to provide long-term care when they had initially agreed to provide a short-term placement. The failure to match children who required a long-term placement with suitably approved carers had the potential to undermine the stability of the placements and cause unnecessary disruption to the lives of children. Social workers advised inspectors that the priority was to assess new carers and to process a backlog of relative assessments. Whilst this was understandable, there was no formal process in place for the long-term matching of children with carers.

A small number of children who were under 15 years of age were placed in supported lodgings which did not comply with HSE policy. Inspectors examined the case files for the children and discussed the care provided with the fostering team leader and a supported lodgings carer. Inspectors found evidence that the carers were approved and the quality of care was similar to a good foster care placement and met the needs of the children.

Children were not always appropriately placed in supported lodgings. A child's needs might be met in such a placement, but the decision to use supported lodgings for a young child was not safe practice. This issue was raised with the area manager. Inspectors found that while these placements provided a high standard of care, supported lodgings carers underwent a different form of assessment and training to that undertaken by foster carers. The carer's contract also differed from the foster care contract, and lodgings carers did not have the same level of responsibility for the child. There was a risk that children's needs might not be met, the placements

might not be suitable and lodgings carers might not be suitably trained.

(b): Assessment and approval of relative foster carers

The assessment and approval of relative foster carers was found to be of a good standard where it had been completed. The policy on the assessment of relative foster carers was reviewed by inspectors. The placement of children with relative foster carers was carried out by fostering social workers, who undertook a basic initial assessment of the accommodation, Garda Síochána vetting, medical and local area checks at the time of placing the child with relatives. The files held evidence that the interim assessments of relatives in an emergency were in line with requirements and sufficiently protected the children placed with relative carers. The case was then allocated for full assessment to a fostering social worker to undertake a formal assessment of the relative foster carers. The assessment of relative carers were undertaken by link social workers, and then presented to the Foster Care Committee for approval.

Figures provided showed that 14 of the 37 relative carer households in the LHA were unapproved. Inspectors examined relative foster carers' files as part of this inspection; those that were approved were found to be comprehensive and detailed.

Four relative carers had been approved in the 12 months prior to the inspection and data provided to the Authority indicated that 14 children had been placed in unapproved relative care households. This meant that the LHA could not be assured that these children were living with carers who were suitable to safeguard and care for them. Inspectors found that any risk was compounded by the fact that over half (54%) of the children in relative care did not have an allocated social worker. The fostering team leader told inspectors that controls had been put in place to mitigate any resultant risk. Link workers were allocated to these households. Records viewed confirmed that link workers visited these families frequently and made contact on a monthly basis and more frequently in many cases. It was evident from the case notes that link workers met with the children and monitored their wellbeing. At the time of the inspection, inspectors saw that most of the files held a current Garda Síochána vetting record or evidence that an application for Garda Síochána vetting had been made for carers and relevant adults over 18 years. There was no evidence from the case files reviewed that children in relative care had experienced adverse outcomes. The fostering team leader confirmed that this situation had existed for 'years' and the team had prioritised the assessment and approval of these relative carers. The fostering team leader furnished the Authority with a progress report on the retrospective approval of relative carers. The Foster Care Committee expected receipt of the information required to inform the approval of 12 families by December 2012.

Outcome 7 – Carers are supported to provide high quality care through ongoing participation in relevant training, supervision and reviews

Carers regularly participate in training that provides them with the skills and knowledge to provide high quality care to children. Each foster care household has an allocated link worker. Link workers support carers in caring for children through regular supervision and advice. Foster carers participate in regular reviews of their continuing capacity to provide high quality care.

Related reference:

- Standard 15: Supervision and Support
- Standard 16: Training
- Standard 17: Reviews of Foster Carers
- Child Care (Placement of Children in Foster Care) Regulation 15, 16
- Child Care (Placement of Children in Relative Care) Regulation 15, 16.

Summary of Outcome 7

The majority of foster carers had a link worker who supported them in caring for foster children.

They fulfilled their duties in line with the child care regulations but their capacity to continue to provide care was not formally reviewed. Foster carers did not receive ongoing training and their skills and knowledge were not updated.

Standard 15: Supervision and Support

This standard was met in part.

The majority of foster care households who had a foster child placed with them had a link worker. The data provided to inspectors prior to the inspection showed that 81% of general foster care households and 95% of relative households had an allocated link worker. Inspectors checked the register and found that this was the case; the fostering leader said that the allocation of a link worker to all carers was a priority. Foster carers who spoke with inspectors confirmed that they had regular contact with their link worker and the carers' files examined by inspectors all confirmed that this was the case.

Overall, the provision of support was of a good standard. Inspectors examined case notes in foster carers' files and found that link social workers prepared foster carers for the placement of a child after assessing the foster carers' ability to meet the child's needs in the short term. However, link workers did not assess the majority of carers for long-term approval and those foster carers were providing a service which might not meet their expectations in terms of its duration and level of responsibility. There was good evidence of ongoing support from link workers to support and

stabilise the placement. Case notes showed that visits were in line with the Standards or provided more frequently if required. Foster carers told inspectors that they were visited regularly by link social workers and there was good evidence of frequent telephone contact between link workers and foster carers. Link social workers told inspectors they received formal supervision from the fostering team leader and the records of the supervision of individual foster carers were located in foster carers' files. These records reflected the work undertaken with foster carers and actions to address any issues which arose.

Inspectors found that the standard of supervision provided by link workers varied. While some link workers actively challenged foster carers in order to improve outcomes for children, records did not indicate that this robust approach was commonplace. For example, there was no evidence that link workers had facilitated self-reflection or discussed how the carer's behaviour or attitudes had impacted on a child. This was a missed opportunity for new learning that would lead to better outcomes for children in the future.

Foster carers who spoke with inspectors had a clear understanding of their duties, and from the cases reviewed, it was evident that foster carers fulfilled the duties in accordance with the child care regulations. The fostering team leader told inspectors that foster carers were informed of their duties and responsibilities when attending mandatory training prior to approval by the Foster Care Committee. Foster carers told inspectors that they had attended the programme which included interactive sessions about foster carers' duties and responsibilities. They said that they were updated through information provided by link workers and attendance at the Irish Foster Carers Association (IFCA) events.

The fostering team leader told inspectors that link workers monitored the performance of foster carers. Link workers told inspectors that they discussed issues relating to the performance of foster carers at formal supervision meetings with team leaders. These records were viewed by inspectors and case notes also documented communication between link workers and children's social workers about how foster carers were performing and if they were meeting the needs of children in the placement. This was also done formally at child in care reviews.

Standard 16: Training

This standard was met in part.

The fostering team leader told inspectors that foster carers all had training in 'Foundations to Foster' prior to having a child placed with them or as soon as possible afterwards. Inspectors discussed the content of the training with the trainer and records showed that 38 prospective foster carers from the Integrated Service Area (ISA) attended training in September 2012 and this included three general and two relative foster carers from the LHA. Foster carers who met with inspectors all confirmed that they had attended the programme.

Inspectors read the revised HSE contract with Foster Carers and saw that it contained a commitment by foster carers to attend ongoing training. However, the LHA had not provided ongoing training for foster carers. The fostering team leader told inspectors that the regional working group, which was formed to organise ongoing training for foster carers, had disbanded when key members of the group had retired or resigned. The fostering team leader told inspectors about measures she had taken to improve training for foster carers. This included plans to provide training in the evenings and at weekends. She planned to identify carers' training needs in order to inform the training plan and had introduced a sheet in which link workers were to record the training needs of foster carers. Inspectors found that the 'Foundations for Care' programme had been held at weekends but the section in which link workers were to identify foster carers' training needs was left blank on all case files reviewed.

Social workers told inspectors that they had not engaged in the provision of training for over a year but said they informed foster carers if HSE were providing relevant training – such as parenting training which was facilitated by the psychology team. Inspectors met foster carers who had found this training beneficial. Inspectors also noted that training was sourced for foster carers who experienced problems managing behaviours that challenged. If this training had been provided earlier, some stressful situations for children and carers may have been avoided.

The trainer told inspectors that she had sought feedback from participants in order to evaluate the Foundations for Care programme; records viewed indicated that the participants had positively evaluated the programme. Child care leaders told inspectors that they linked in with other community groups who funded programmes which also benefitted foster carers. They told inspectors of their involvement in a programme called 'Strengthening Families', which has been delivered to foster carers and children and had been positively evaluated. Case files reviewed by inspectors showed positive outcomes for foster carers and foster children who attended this programme and who benefitted from ongoing support afterwards.

Standard 17: Reviews of Foster Carers

This standard was not met.

There was no system in place to formally review foster carers to ensure their continuing capacity to provide high quality care. This deficit was identified in a service audit and measures were taken to implement an action plan. Social workers told inspectors that they were scheduled to attend training in November 2012 to prepare them to undertake formal reviews of foster carers. At the time of the inspection, HIQA found that recent Garda Síochána vetting was on file for foster carers in preparation for the review. The fostering team leader told inspectors that a working group had drafted information letters to send to foster carers in order to keep them informed. The area manager confirmed that the Foster Care Committee would receive a report on the outcome of these reviews.

Table 2. Allocation of link worker to carers

Foster carer's households	Number	%
All foster carers	90	100%
Assigned a link worker	78	87%
Not assigned a link worker	12	13%
General (non-relative) foster carers	53	100%
Assigned a link worker	43	81%
Not assigned a link worker	10	19%
Relative foster carers	37	100%
Assigned link worker	35	95%
Not assigned a link worker (no children were placed with these carers)	2	5%

Note: all foster carers who provided care to young people under 18 years had an allocated link worker. Foster carers who provided respite or had a young person aged over 18 years may not have an allocated link worker.

Outcome 8 – Effective governance, leadership and management arrangements enable the full range of children’s needs to be met

Under this outcome measure, services are effectively managed with clear lines of accountability for the management of services to children in foster care. Services have effective systems in place to continuously assess the quality of care to children in foster care. Management demonstrate leadership and a commitment to continuous improvements in the outcomes for children in foster care.

Related reference:

- Standard 18: Effective policies
- Standard 19: Management and Monitoring of Foster Care Services
- Standard 21: Recruitment and retention of an appropriate range of Foster Carers
- Standard 22: Special Foster Care
- Standard 23: The Foster Care Committee
- Standard 24: Placement of Children through non-statutory agencies
- Standard 25: Representation and complaints
- Child Care (Placement of Children in Foster Care) Regulation 5(1), 5(3)(4), 12
- Child Care (Placement of Children in Relative Care) Regulation 5(3)(4), 12.

Summary of Outcome 8

Management structures were relatively new but did provide clear lines of accountability and communication within the service. There were robust systems in place to monitor risk. However, data was not collated and used to inform strategic planning and service improvements.

Standard 18: Effective policies

This standard was met in part.

The LHA furnished the Authority with a suite of foster care policies which had been signed off by the National Director of the Children and Family Services in the HSE. Inspectors read these policies along with local policies and found they promoted a consistent approach to managing risk and supporting the delivery of quality foster care. Inspectors saw that policies were available to staff in their offices; staff who spoke with inspectors were aware of policies and procedures in the area and generally used them to guide their practice. However, inspectors found that key HSE policies on the use of supported lodgings, the foster care committee, procedures and best practice guidance were not fully implemented in the LHA, and this is discussed in more detail elsewhere in this report.

The HSE Case Transfer Policy between LHA Social Work Departments (2011) was in place but the fostering team leader told inspectors that the policy was not nationally implemented. The area manager confirmed this was the case and discussed the resource implications with inspectors. Although this policy outlined that any LHA must take responsibility without delay for any children and families transferred to their areas, this was not the case. The LHA had followed the protocol to transfer the cases to the LHA where the children lived, however, the cases were not accepted by the receiving LHA. The LHA held responsibility for 36 children placed in foster care outside the LHA in the greater Dublin area and also in three provinces in Ireland. Social workers had to travel extensively to carry out their duties and they told inspectors that they sometimes spent up to six hours on round trips to meet with children. They said this impacted on the quality, frequency and duration of social work visits with children and this, in turn, affected the relationship between the children and their social workers. Social workers told inspectors that it also limited the time they had available for the supervision and care of other children within the LHA. This was not effective use of the social work resource and impacted on the quality of the service that children received.

Standard 19: Management and Monitoring of Foster Care Services

This standard was met in part.

There were governance structures and arrangements in place. At the time of the inspection, the service had recently been radically restructured at national and regional level and the structure of the local service was under discussion. This new structure had clearly defined lines of authority and accountability, with distinct roles and functions defined and understood. At the time of this inspection, the Dublin South/Dun Laoghaire LHA foster care service reported to the area manager, who managed the principal social worker and the relevant team leader. Inspectors found job descriptions on all the staff personnel files viewed. Staff who spoke with

inspectors had a good understanding of their roles and responsibilities. They were clear about the regional structures and they also had a broad understanding of the national restructuring programme. Staff told inspectors that they had been kept informed about the changes and they felt consulted in how this impacted upon their roles. They informed inspectors that changes to the local structures were ongoing and some staff at the time of the inspection were anxious about how the reconfiguration of teams would impact on them on a professional and personal level and also on service provision.

HIQA inspectors found that key managers were able to provide leadership to the service. They interviewed the regional director of operations and the area manager and found that they both had a detailed knowledge of the service and a clear understanding of its strengths and the challenges facing the service. The area manager had extensive social work experience in child and family services. She told inspectors that she prioritised the welfare of the most disadvantaged children in the service. However, competition for scarce resources impacted on the area manager's and the principal social worker's capacity to maintain standards or to fund service improvements.

Staff retention was good and the staff team had been stable for a number of years. However, three social workers had left the service in 2012 and at the time of this inspection the children in care team was functioning at 67% capacity. Although staff worked across teams to support colleagues and were responsive to the needs of children and foster carers, they had little or no capacity to undertake additional work. This had impacted on a number of areas of the service, such as the allocation of social workers to children in care, the frequency and quality of the social workers' visits with children, reviews and care planning and the ongoing monitoring of children in foster care.

These issues were raised by the inspectors with senior managers during this inspection. They told the HIQA inspectors that the Moratorium on Recruitment and Promotions in the Public Service had impacted on their ability to fill vacant posts. The regional director told inspectors that the services presented a business case to the national office when the team's capacity dropped to 80%. The area manager said she had submitted numerous business cases in order to fill vacant social work positions. However, she had not received national approval to fill any of the vacant positions in Dublin South/Dun Laoghaire LHA. In the interim and as a contingency measure, they had hired and appropriately vetted two agency social workers to meet the deficit.

The area manager had also introduced a framework to guide decision making about risk. Social workers used criteria to categorise cases as high, medium and low risk in order to deploy limited resources to meet the needs of higher priority cases. The framework also ensured that low risk cases were actively managed and not forgotten. Inspectors found that all the children who were categorised as high and medium risk had an allocated social worker and these households were visited frequently. Children categorised as low risk were allocated a social worker in order to organise their statutory reviews and formulate a care plan to direct their lives. There

was evidence that the contingency plans to address staff shortages and reduced budgets ensured that the most vulnerable children were provided with an appropriate service and their needs were met.

The statutory requirements in terms of registers were met. The LHA held a register of all children in care in the area including children in foster care. Inspectors examined the register and found that it held all the required information and was fully compliant with the Standards and child care regulations. Inspectors reviewed the panel of foster carers. It held the required information and was found to be complete, accurate and up to date as required by regulations.

The communication systems put in place by the area manager and the principal social worker supported the sharing of information and the implementation of decisions between national, regional and local level. Staff told inspectors that communication had improved significantly since the area manager had been appointed in May 2012. Prior to that there had been no manager external to the social work department at regional level. Formal communication was organised by a series of monthly meetings held at all levels within the service. The regional director and area managers met formally. They were also based in the same building and this facilitated informal communication. The area manager told inspectors that she chaired monthly Integrated Service Area management meetings with the three principal social workers, a project manager and the child care manager. Principal social workers held monthly meetings with team leaders and local monthly team meetings were also held. Some staff told inspectors that they did not consider attendance at team meetings to be a priority and inspectors found that not all teams recorded who was in attendance at team meetings. The fostering team leader told inspectors that the area manager was supportive, contactable by phone and she also visited the social work department. Social workers and social care workers told inspectors that they found members of the management team to be approachable, supportive and accessible, and the service benefited from strong formal and informal communications.

There were some quality assurance processes in place. The area manager told inspectors that the LHA's quality assurance systems included the collation of monthly key performance indicators, an internal audit report and staff supervision. Key performance indicators were fed to the National Office of the Children and Family Services and used to inform both the regional plan and the annual adequacy reports issued by the HSE. The area manager was aware of the key findings an internal audit which was carried out in the year prior to her appointment. Inspectors noted that some of the recommendations from the audit had been implemented or progressed. For example, the childrens' case files had been organised into relevant sections to ensure that the required documents were on file and were easily accessible.

In contrast, systems for monitoring the quality of the service were inadequate. The area manager confirmed that the LHA did not have a monitoring process for the fostering service as required in the Standards. Inspectors found that there was no formal system to monitor the ongoing care and welfare of some children with the 'Shared Rearing Service'. The children in care team leader said this information was

gleaned informally from visiting social workers. This was not a robust arrangement. The area manager told inspectors that supervision meetings were used to monitor the quality of the service. She met with the principal social worker for formal supervision every six weeks and they discussed service improvements, risks and potential risks and agreed actions to be implemented. The principal social worker was on leave at the time of inspection and copies of supervision records were not available for inspection. No formal system was in place in the LHA. However, staff who spoke with inspectors were aware of the Standards and regulations which provide direction in this area.

Social workers told inspectors that they risk assessed their caseloads on an ongoing basis. Inspectors read minutes of team meetings and saw where a 'Duty Blitz' was organised by team leaders to ensure that resources were used to work with cases that were categorised as high priority. As previously mentioned, the area manager told inspectors that the service used the 'Framework for Measuring and Managing and Reporting Social Work Intake, Assessment and Allocation Activity' in order to measure and monitor pressure of demand on the service. Inspectors examined the framework and found that it provided a robust tool to provide local, regional and national management and oversight of pressure and risk within social work teams. The framework incorporated a formula for the prioritisation of cases, guidance to assess risk and a template for recording, analysing and reporting pressure. The social work teams submitted a weekly report to the principal social worker. The principal social worker then sent a summary monthly report to the area manager, who in turn, submitted a summary of work to the regional director for completion on a monthly basis. The regional director forwarded the information to the National Director. Training records viewed by inspectors showed that staff had received training in the use of the framework tool. The area manager told inspectors that the initial difficulties experienced by social workers in categorising cases had been overcome and the framework provided a valuable tool for the ongoing monitoring of risk.

There was a limited amount of data available to support service planning. The service had only begun to gather and analyse data in order to monitor trends and strategically plan services. Data was routinely gathered on key performance indicators such as the number of children who had an allocated social worker, a current care plan and the number of scheduled statutory reviews that took place. This data was collated and formed a monthly report which the HSE issued. This allowed trends to be monitored and facilitated comparisons with other regions.

Managers used various sources of data to inform service planning decisions. The area manager referred to information from the 2011 census when discussing strategic planning for children's and family services in the area and the HSE disability database provided reliable data on children with disabilities. The area manager told inspectors that the local authority provided it with information on the number of children in the area and information on areas of deprivation. This information was then analysed and used to identify new trends and areas of unmet need in order to plan services. For example, the Reach and Aftercare service was supported and developed in order to provide an efficient service and prepare older children in care for independent living. The aftercare social worker provided inspectors with data the

team used to monitor trends in its service, such as the numbers of young people in aftercare who were engaged in education. However, the LHA did not gather data on outcomes of children who left the service or the educational outcomes for children in foster care in order to strategically plan service improvements.

Standard 21: Recruitment and retention of an appropriate range of Foster Carers

This standard was met in part.

Inspectors found that the strategy to recruit foster carers was ineffective and the LHA did not have the number of foster carers required to deliver this service in accordance with the Standards or regulations. Information provided by the LHA showed that a small number of children were awaiting suitable placements and the fostering team leader told inspectors they were awaiting placements for less than three months. Because the LHA did not have sufficient foster care places to meet demand, a number of children were placed with non-statutory fostering agencies when a suitable placement was not available. This meant that was every possibility that a child in need might not be able to access a foster care placement in their locality or at all.

Social workers in the LHA found it difficult to recruit foster carers although efforts were made to do so. Inspectors found there were insufficient foster care places to meet the needs of children in the LHA. The ISA ran an annual campaign to recruit foster cares for the three LHAs in the region, and Dublin South/Dun Laoghaire LHA attracted the least number of enquiries from potential foster carers. The fostering team leader told inspectors that there had been a small number of applicants screened, and 30% were progressed for assessment. The chairperson of the Foster Care Committee told inspectors that the service was considering a national campaign to recruit new foster carers but also expressed concerns that the team might not have the capacity to respond if the campaign was successful. Social workers showed inspectors advertisements they placed in national and local newspapers when a foster placement was required for a specific child who had disabilities or complex needs. Social workers reported that there was a positive response to these advertisements, and a rigorous screening process put in place to select suitable foster carers.

The LHA retained existing foster carers. Data provided for inspection showed that there were 92 general foster carers and 36 relative foster carers in the LHA. The fostering team leader told inspectors that in the 12 months prior to the inspection, two relative carers ceased to care for foster children when the foster children for whom they were approved left the service. All the registered general carers were retained on the foster carer's register. Foster carers who met with inspectors had been in the service for between 4 and 20 years. The area manager told inspectors that retention of foster carers in the area was high because foster carers felt supported. Inspectors found evidence in case files that link workers were able to provide ongoing support and were accessible for advice when required. Foster carers

told inspectors that link workers were supportive and they also benefitted from membership of the Irish Foster Care Association (IFCA) which the LHA promoted.

Standard 22: Special Foster Care

This standard was not met.

The LHA did not have any special foster care provision. This meant that children with serious behavioural difficulties could not be supported by specifically trained and skilled foster carers. This was a concern as there had been placement breakdowns in the LHA which related to children's behavioural issues.

Standard 23: The Foster Care Committee

This standard was met in part.

The Foster Care Committee was appropriately staffed and constituted. Inspectors attended a Foster Care Committee meeting and met committee members. The chair person was also formally interviewed. Membership of the committee included four people with extensive social work experience, a senior psychology manager, an external independent representative and a foster carer. The fostering team leader, who joined the Committee in 2012, had experience in foster care training. The majority had been Committee members for a number of years and they had all been appropriately vetted. The Committee Coordinator organised the monthly meetings and a quorum of six was required.

Inspectors found the Foster Care Committee had carried out its functions to a good standard. However, the HSE national guidelines for committees, published in 2012, had not been fully implemented. The chairperson of the Foster Care Committee had identified this as a priority area for improvement. The Foster Care Committee serviced the three areas under the ISA. The chairperson told inspectors that the Committee held responsibility for the approval of foster and supported lodgings carers and approval of long-term placements. The chairperson of the Foster Care Committee and the fostering team leader told inspectors that the Committee was not informed of issues such as placement breakdowns and allegations or complaints against foster carers. Although there were plans to implement the HSE national guidelines, inspectors found that the Foster Care Committee did not have sufficient information regarding the services that they had responsibility for approving.

Inspectors found that the Foster Care Committee approved foster carers but they had no role in reviewing foster carers. There were only three long-term places in the LHA and the majority of foster carers providing long-term placements were approved to provide short-term placements. The chairperson of the Foster Care Committee told inspectors that the Committee considered and approved as appropriate all foster care applicants. They were also responsible for approving matches for long-term care

placements for children. Inspectors examined children's and carers' files and found that the Foster Care Committee had approved all general foster carers. However, the majority of children were in foster care placements for prolonged periods and there had been no long-term matching done for the majority of these children. The chairperson of the Foster Care Committee told inspectors that delays in the approval of carers was due to insufficient information to inform the decision. The fostering team leader told inspectors that social workers had experienced ongoing problems accessing reports and documents required to support the applications.

The area manager and chairperson of the Foster Care Committee told inspectors there was no formal quality assurance system in place to evaluate the performance of the Foster Care Committee.

Inspectors found that the Foster Care Committee contributed to the adequacy reports required in legislation by the HSE and to the regional plan. However, the Committee's contribution to service planning was limited because the social work department did not pass key information to the Foster Care Committee. The chairperson of the Foster Care Committee told inspectors that they did not have information about placement breakdowns, foster carers reviews or exit interviews when foster cares left the service, in order to inform service planning. At the time of the inspection, the fostering team leader said that the outcome of investigations of complaints and allegations against foster carers had not been shared with the Foster Care Committee until recently. Inspectors found there was a considerable delay of up to five months in furnishing the Foster Care Committee with the information. This posed a potential risk in safeguarding for children in foster care.

Standard 24: Placement of Children through non-statutory agencies

This standard was met in part.

At the time of inspection, data provided to inspectors showed that the LHA had placed nine children with non-statutory agencies. Another child was placed with such an agency during the inspection. The area manager and the fostering team leader told inspectors that it used non-statutory foster care agencies because there were insufficient numbers of foster carers with available placements within the LHA. Inspectors examined case files and found documents which the agency drafted outlining details of services which the agency would provide. However, there was no HSE service level agreement for individual children on file. The area manager informed inspectors that the HSE National Office was in the process of drawing up a service level agreement for use with non-statutory agencies. Inspectors found that the absence of a formal service level agreement meant that there could be a lack of clarity about the quality and nature of the service to be provided. It could be more difficult to hold a non-statutory agency to account if so required.

Inspectors reviewed children's case files and found that there were processes in place to monitor the welfare of children placed with external agencies and to ensure that their care plans were implemented. The children all had a current care plan on

file at the time of the inspection and children were visited frequently by their social workers. There was evidence of communications between social work teams and external agencies. Inspectors read monthly reports which the agency furnished to the social work department detailing the child's progress. Social workers confirmed that they discussed these cases at formal supervision sessions. Supervision records on file confirmed this was the case.

Standard 25: Representation and complaints

This standard was not met.

The measures in place to inform carers and others how to make a complaint were ineffective. Inspectors found that the management of complaints was dependent on the nature of the complaint and consequently different types of complaint were managed by different managers such as team leaders, the principal social worker and the area manager. Complaints were not centrally logged and there was no monitoring or managerial oversight of how complaints were managed. Complaints were not analysed to monitor trends or to inform service improvements. Some foster carers expressed dissatisfaction with the outcome of a complaint and inspectors found that they were not aware of the HSE complaints policy or the appeals process. Inspectors noted that the "Your Service Your Say" poster at reception was obscured because there were several other notices pinned to the poster. There were no complaints information leaflets available at reception. A senior staff member told HIQA inspectors the leaflets were out of print and not available. Most of the birth parents who spoke with inspectors expressed frustration about how complaints they raised were handled. There was no child-friendly literature to explain the complaints process to children. The area manager told inspectors that the designated person in the children and family service had not received the comprehensive training provided to complaints officers. However, the service linked in with complaints managers in the area. They actively engaged with the wider HSE systems such as consumer affairs and sought advice from the advocacy unit.

The area manager identified stakeholder engagement as an area for development. The 'child in care review' meetings were the main fora where the LHA staff consulted with service users. Feedback from participants about this process had resulted in the introduction of child friendly forms to elicit the views of children and encourage children to engage in the process. The area manager told inspectors that there were no formal processes in place to consult with children and other stakeholders. This represented a missed opportunity to use the views of service users to inform service improvements.

Outcome 9 – Children are supported by staff members that have appropriate qualifications, supervision and training

This outcome measure means staff members have the skills, knowledge, qualifications and experience to support children and deliver a high quality foster care service. Staff members participate in regular supervision and ongoing training.

Related reference:

- Standard 20: Training and qualifications.

Summary of Outcome 9

Staff were suitably qualified and experienced. New staff were appropriately inducted and supported in their role. Staff had formal supervision every six weeks and they engaged in ongoing training and professional development.

Standard 20: Training and qualifications

This standard was met.

Inspectors found that the social work department was staffed by suitably qualified professionals who had a wide range of experience which was relevant to children's and family services.

There were over 32 staff working in the social work teams. Inspectors met staff members and discussed their qualifications and experience. The majority of staff were qualified social workers and child care team leaders held a degree in applied social care. Many of the social care leaders had worked in the service for a number of years. Inspectors examined eight staff files and found that there was a copy of the academic qualification on each file. Each file held curriculum vitae which detailed the employee's previous work experience.

Training records showed that staff had attended training about supervision and team leaders were trained to undertake formal supervision with staff. The HSE policy on supervision was fully implemented and staff confirmed that they had formal supervision with their line manager at least every six weeks. Inspectors read formal staff supervision records in case files which confirmed that staff had an opportunity to discuss the management of their caseloads at six weekly intervals. Supervision sheets recorded topics on the agenda, a record of the discussion and agreed actions. Supervision records were completed in two parts; one part dealt with supervision of children's cases and the second part dealt with personal and occupational issues. Inspectors examined the supervision records in case files and deemed them to be of good quality. They focused on outcomes for children and identified any outstanding

pieces of work. Inspectors noted that risks and potential risks were completed and follow-up actions were implemented.

Team leaders told inspectors that they discussed their development and training needs with the principal social worker when they met for formal supervision. They also used formal supervision to discuss training needs with staff and staff confirmed that this was the case. They told inspectors that they also benefitted from informal supervision because team leaders were available and accessible to staff. Inspectors observed that team leaders' doors were open and staff met with them throughout the day. Inspectors viewed training records and found that overall staff had attended 24 different training events in the previous 12 months. Staff said they were encouraged to share new learning with team members. Inspectors read the minutes of team meetings which documented a feedback session where a team member who had attended a training day updated staff on new learning that might benefit the team.

The fostering team leader told inspectors that newly qualified social workers received a formal induction into the service. New staff were provided with a HSE induction handbook and partnered with a mentor. Inspectors viewed the contents of a lever arch folder provided to new staff with information on governance, structures, roles and responsibilities. The folder held key policies and procedures and professional guidelines. Inspectors discussed the induction process with a recently qualified social worker. She confirmed that she had adequate time to read the material and she had shadowed a mentor for a week. She held a reduced caseload and received more frequent supervision. She felt supported and competent to take on more complex cases as her skills and knowledge developed. Other social workers told inspectors that they had a positive induction experience.

6. Children and young people comments

Inspectors met with nine children who ranged in age from 3 to 17 years. Overall, children said that they were happy living in their foster homes. One child expressed this by saying that 'I feel part of the family and they look after me'. Another child was pleased to share a room with a sibling, and said 'I feel very safe here'. Older children commented positively on foster carers and how they supported access with parents and siblings. They said their pocket money was adequate. One young person praised their child care worker saying 'I can always talk with him. He brings a moral perspective and helps me to find solutions'.

Children said their social workers talked to them about their rights but they all had difficulty trying to recall what specific rights children in care had. Most children knew they had a right to complain. Some children said they would complain to their social worker, while those who did not have an allocated social worker said they would complain to their foster carers. One child was satisfied that an issue of concern which was raised with his/her social worker had been dealt with appropriately. Another

child said they did not know who to discuss issues with. They had met a different social worker during the summer and did not feel comfortable discussing 'stuff' because this new social worker was a stranger. Children who had an allocated social worker were satisfied with the frequency of contact and the fact that they could meet in private.

Children were satisfied that they could attend activities of their choice. Music, sports, scouts and drama came in for special mention. Younger children told inspectors that they were satisfied with the choices they had in their daily lives. Children chatted about their school friends, and friends who came to visit. Some older children felt they should have more independence around Internet use, especially the use of social media to keep in contact with friends. Children valued the fact that they did not change school and continued to maintain contact with friends when they came into care.

Closing the fieldwork

On the final day of the fieldwork a feedback meeting was held to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

26 November 2012

7. Summary of Standards

	National Standards for Foster Care	Standard met, met in part, and not met
Outcome 1	Standard 3: Children's rights	Standard met in part
	Standard 4: Valuing diversity	Standard met in part
Outcome 2	Standard 1: Positive sense of identity	Standard met in part
	Standard 2: Family and Friends	Standard met in part
Outcome 3	Standard 8: Matching children with carers	Standard met in part
	Standard 9: A safe and positive environment	Standard met
	Standard 11: Health and Development	Standard met in part
	Standard 12: Education	Standard met
	Standard 13: Preparation for leaving care and adult life	Standard met
Outcome 4	Standard 10: Safeguarding and child protection including implementation of Children First: <i>Guidance for the Protection and Welfare of Children (2011)</i>	Standard met in part
Outcome 5	Standard 5: The child and family social worker	Standard not met
	Standard 6: Assessment of Children and Young People	Standard met
	Standard 7: Care Planning and Review	Standard met in part
Outcome 6	Standard 14: Assessment and Approval of Foster Carers	Standard met in part
Outcome 7	Standard 15: Supervision and Support	Standard met in part
	Standard 16: Training	Standard met in part

	Standard 17: Reviews of Foster Carers	Standard not met
Outcome 8	Standard 18: Effective policies	Standard met in part
	Standard 19: Management and Monitoring of Foster Care Services	Standard met in part
	Standard 21: Recruitment and retention of an appropriate range of Foster Carers	Standard met in part
	Standard 22: Special Foster Care	Standard not met
	Standard 23: The Foster Care Committee	Standard met in part
	Standard 24: Placement of Children through non-statutory agencies	Standard met in part
	Standard 25: Representation and complaints	Standard not met
Outcome 9	Standard 20: Training and qualifications	Standard met

8. Glossary of Terms

Care orders: under the Child Care Act, 1991 there are a number of procedures, which the Health Service Executive (HSE) can use when dealing with children who are at risk or who are in need of care. The HSE may apply to the courts for a number of different orders, which give the courts a range of powers including decisions about the kind of care, and the access to the children for parents and other relatives. The HSE must apply for a care order if a child needs care and protection which he/she is unlikely to receive without an order. The district court judge may make an interim care order while the decision on a care order is pending. This means that the child is placed in the care of the HSE for eight days. It may be extended if the HSE and the parents agree. Generally the parents/guardians must be given notice of an interim care order application. A care order may be made when the court is satisfied that:

- the child has been or is being assaulted, ill-treated, neglected or sexually abused
- or that the child's health, development or welfare has been or is likely to be impaired or neglected
- the child needs care and protection which he/she is unlikely to receive without a care order.

When a care order is made the child remains in the care of the HSE for the length of time specified by the order or until the age of 18 when he/she is no longer a child. The HSE has the rights and duties of a parent during this time.

Children First: National Guidance for the Protection and Welfare of Children (2011): Promotes the protection of children from abuse and neglect. It states what organisations need to do to keep children safe, and what different bodies, and the general public should do if they are concerned about a child's safety and welfare. It sets out specific protocols for HSE social workers, Gardai and other front line staff in dealing with suspected abuse and neglect.

Emergency approval: under the child care regulations foster carers are approved for placements by a foster care committee. However, emergency placements are sometimes made prior to this approval when there are limited options for the care of the child.

Foster care: where possible the HSE places children with foster parents. The Child Care (Placement of Children in Foster Care) Regulations 1995 require that a care plan for the child be drawn up which sets out, among other things, the support to be provided to the child and the foster parents and the arrangements for access to the child in foster care by parents or relatives. If there is a shortage of foster parents, and/or it is assessed as meeting a child's needs, children may be placed in residential care instead.

Link social worker: the social worker assigned by the HSE to be primarily responsible for the supervision and support of foster carers.

Placing children with relatives: the Child Care (Placement of Children with Relatives) Regulations 1995 make provision for relatives to receive an allowance for caring for a child placed with them by the HSE. The child care regulations set out the arrangements for the placement and are broadly similar to the foster care regulations.

Preparation for leaving care and adult life: these centres prepare young people for leaving care. The young people in these centres are generally 16 or over. Leaving care and aftercare centres that accommodate young people under 18 require registration as children's residential centres.

Residential care: residential care can be in a home run by the HSE, a children's residential centre registered under the Child Care Act, 1991, a school or other suitable place of residence. The Child Care (Placement of Children in Residential Care) Regulations 1995 state the requirements for the placing of children in residential care and the National Standards for Residential Centres, which are registered with the HSE. The centres are subject to inspection by the Health Information and Quality Authority.

Supported lodgings: according to HSE policy, supported lodgings is the provision of support and accommodation to children in care aged 15 and over who require less supportive environments than younger or more vulnerable children. Providers of supported lodgings are vetted in accordance with HSE policy but are not assessed to the same criteria as foster carers.

Voluntary care: if a child is in need of care and protection and is unlikely to receive it at home, then the HSE must take them into care. In other cases, where parents are unable to adequately care for their children, for reasons such as serious illness or other difficulties, they may agree to their children being taken into the care of the HSE. This is known as voluntary care. In such cases, the wishes of the parents as to how care is provided to the children must be considered. The HSE is under obligation to maintain the children for as long as their welfare requires it.

9. Action Plan

Health Information and Quality Authority
Social Services Inspectorate



HSE response to report †

HSE LHA	Dublin South/Dun Laoghaire
Service ID as provided by the Authority:	589
Date of inspection:	15 October 2012
Date of response:	20 February 2013

Recommendations

These requirements set out the actions that should be taken to meet the identified child care regulations and *National Standards for Foster Care* (2003).

Outcome 1 - Each child receives a child centred service that respects their rights and responsibilities.

The LHA is failing to comply with a standard requirement in the following respect:

While social workers made children aware of their rights, there was no supporting literature provided and children had difficulty retaining the information.

Not all children with disabilities had their needs met in a timely manner.

1. Action required:

The Dublin South/Dun Laoghaire LHA should ensure that children are told about the complaints procedure, given a written copy of it in an age-appropriate format and assisted, where necessary, to make a complaint about their care. Their complaints are taken seriously and, in the first instance, dealt with locally and promptly.

† The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

2. Action required:

The Dublin South/Dun Laoghaire LHA should put processes in place to ensure that children with disabilities receive appropriate services and support to help them maximise their potential, including equipment and, where necessary, the adaptation of the carer's home and/or vehicle.

Related reference:

Standard 3: Children's rights

Standard 4: Valuing diversity

Please state the actions you have taken or are planning to take with timescales:

Timescale & Post holder responsible:

HSE response: Dublin South PSW contacted colleagues in other LHAs requesting literature that they have for distribution to children in care. Your Service Your Say leaflets and EPIC leaflets have been obtained for distribution to children in care. All children and carers will be written to and given leaflets and follow up visit will be done by social workers to go over complaints process over summer by July 31st 2013.

EPIC and Your Service Your Say info leaflets in public access buildings. Also circulated to all Dublin South Foster Carers in January 2013.

National Child friendly literature re complaints for Children in Care are being devised and once approved this document will be circulated to all Children in Care (CIC) in our area and follow up visit will take place by SW to explain/discuss with child. Plan to complete by 30th Sept 2013.

Principal Social Worker (PSW) and Social Work Team

<p>In accordance with Care Planning processes, HSE Dublin South/Dun Laoghaire continues to advocate for the needs of all children in care who require supports from other services such as HSE disability services.</p> <p>ISA meetings took place in January 2013 between Children & Family management and HSE managers of disability and mental health services to discuss children who require such inputs to identify future needs and advocate for services for them.</p>	<p>Leader (SWTL) will ensure completion by 30th September 2013.</p> <p>PSW, SWTL and social workers at CIC reviews.</p> <p>First meeting was held on 29th January 2013, ongoing meetings established every 6-8weeks to discuss children and coordinate approach. Next meeting on 30/05/13</p>
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Outcome 2 - Children are able to maintain positive relationships with their parents, siblings and other significant family and friends.

The LHA is failing to comply with a standard requirement in the following respect:

There was a shortage of foster carers and the LHA did not have the capacity to maintain children within the local community.
Where children were unallocated or had a change of social worker inspectors found evidence that access arrangements were not in line with their care plans.

3. Action required:

The Dublin South/Dun Laoghaire LHA should ensure that children and young people are provided with foster care services that promote a positive sense of identity for them.

4. Action required:

The Dublin South/Dun Laoghaire LHA should put systems in place to ensure that children and young people in foster care are encouraged and facilitated to maintain and develop family relationships and friendships.

Related reference: Standard 1: Positive sense of identity Standard 2: Family and Friends	
Please state the actions you have taken or are planning to take with timescales:	Timescale & Post holder responsible:

Outcome 3 – Each child achieves positive outcomes in relation to their health and development, education and transition to adulthood.	
The LHA is failing to comply with a standard and a regulatory requirement in the following respect: Some children were placed with carers who did not have the capacity to meet the assessed needs of the children. Some placements ended in an unplanned manner and carer's inability to cope with behaviours was the underlying cause of placement breakdowns.	
5. Action required: The Dublin South/Dun Laoghaire LHA should ensure that children and young people are placed with carers who are chosen for their capacity to meet the assessed needs of the children or young people.	
6. Action required: The Dublin South/Dun Laoghaire LHA should reconsider the appropriateness of the match if the plan for the care of the child changes or the circumstances of the foster carers changes.	
Related reference: Standard 8: Matching children with carers Child Care (Placement of Children in Foster Care) Regulations 1995, Part III, Article 7 Child Care (Placement of Children in Relative Care) Regulation (Part 111) Article 6(1)	
Please state the actions you have taken or are planning to take with timescales:	Timescale & Post holder responsible:

<p>HSE response: HSE will continue to try to recruit foster carers and 'match' with children in need. Dublin South has undertaken Disruption Meetings (as per HSE Placement Committee Policies and Procedures (May 2012) to assist the service in learning and reflecting on what contributes to success in foster care and what makes placements vulnerable to disruption.</p> <p>The appropriateness of the match will be considered at CIC reviews when the circumstances of child changes and is also discussed (eg in supervision) if circumstances for foster carer changes. We will implement the review of foster carers process which may assist with addressing issues in change of status of carers and their approval status.</p>	<p>National & Regional offices, Area Manager, PSW, SWTL</p> <p>Review of campaign outcomes i.e. assessed 'new foster carers' should be known by December 31st 2013</p> <p>PSW and SWTL implemented Foster Care Committee (FCC) policies by 28th March 2013. Presentation to SW Team re Placement Committee policies and procedures completed 28th March 2013.</p> <p>PSW and SWTL implement FCC policies by 28th March 2013. Reviews of foster carers to begin from 9th September 2013. Care planning, as per National Standards for Foster Care happens at each CIC review</p>
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Outcome 3 – Each child achieves positive outcomes in relation to their health and development, education and transition to adulthood.

The LHA is failing to comply with a standard and a regulatory requirement in the following respect:

Medical examinations were not normally done prior to children being placed in foster care.

Social workers did not gather complete records of the child's health and development information as required.

7. Action required:

The Dublin South/Dun Laoghaire LHA should ensure that children undergo a medical and developmental examination on admission to care except where the HSE is satisfied, having regard to available information and reports, that such an examination is unnecessary.

8. Action required:

The Dublin South/Dun Laoghaire LHA should put systems in place to ensure that case records contain clear and complete records of all health and development information from birth. Efforts made to obtain any missing information are recorded on case files.

Related reference:

Standard 11: Health and Development

Child Care (Placement of Children in Foster Care) Regulations 1995, Part III, Article 6 (1)

Child Care (Placement of Children with Relatives) Regulations 1995, Part III, Article 7 (1)

Please state the actions you have taken or are planning to take with timescales:

Timescale & Post holder responsible:

HSE response: HSE Dublin South is working to progress this deficit. PSW to link with Area Medical Officer (AMO) regarding assistance with medicals for children being received into care where they have no GP or medical card.

PSW and AMO by 31st July 2013.

The importance of obtaining such medical histories and data was discussed at staff meetings. SW dept will seek to obtain medical history from parents and SW dept will record efforts made by SW to obtain the history. In cases where long-term matching takes place the medical history is obtained and is required as part of long-term matching process.

Feedback given to SW Teams in March 2013.

Outcome 4 – Children are safe and services comply with Children First: National Guidance for the Welfare and Protection of Children.	
<p>The LHA is failing to comply with a standard requirement in the following respect:</p> <p>Foster carers had not had Children First (2011) Training</p> <p>In three cases children were not directly spoken to in relation to allegations but they were asked general questions about their welfare.</p> <p>Parents were not appropriately informed when an allegation of abuse was made against them.</p>	
<p>9. Action required:</p> <p>The Dublin South/Dun Laoghaire LHA should ensure that the preparation of foster carers includes guidance and training in recognising and reporting signs of abuse.</p>	
<p>10. Action required:</p> <p>The Dublin South/Dun Laoghaire LHA should ensure that social workers who investigate any allegation of abuse or neglect or suspected abuse or neglect discuss the matter in an age appropriate way with children in foster care where appropriate.</p>	
<p>Action required:</p> <p>The Dublin South/Dun Laoghaire LHA should ensure that the parents or guardians of the children are informed of any allegation in a timely manner, unless to do so would prejudice any Garda Síochána investigation or put the children at risk.</p>	
<p>Related reference:</p> <p>Standard 10: Safeguarding and child protection Children First (2011): <i>National Guidance for the Protection and Welfare of Children (2011)</i></p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale & Post holder responsible:</p>
<p>In October 2012 Foster Carers received training via Foundations to Foster Training which incorporates safeguarding and child protection and further training dates took place in Feb and March 2013 for training for carers re Children First (2011)</p>	<p>SWTL completed training for carers re Children First (2011) in Feb and March 2013.</p>

Dublin South/Dun Laoghaire are committed to ensuring parents are informed of any allegation in a timely manner and will adhere to HSE policy and guidance on this.	PSW, SWTL and SW
Dublin South/Dun Laoghaire will continue to discuss allegations of abuse and or neglect in an age appropriate manner with children and in accordance with good practice.	SWTL and SW.

Outcome 5 – Each child receives high quality care that is effectively planned and managed by a designated social worker.

The LHA is failing to comply with a standard in the following respect:

Over one third of the children in foster care did not have an allocated social worker.

Six care plans which were overdue for review and two care plans were almost two years overdue.

11. Action required:

The Dublin South/Dun Laoghaire LHA should allocate a social worker to children as soon as the need for an admission to care is identified and for as long as they remain in care.

12. Action required:

The Dublin South/Dun Laoghaire LHA should ensure that reviews of the care plan take place within legally defined time limits.

Related reference:

Standard 5: The child and family social worker

Standard 7: Care Planning and Review

Child Care (Placement of Children in Foster Care) Regulations 1995, Part IV, Articles 18, 19 and 20

Child Care (Placement of Children with Relatives) Regulations 1995, Part IV, Articles 18, 19 and 20

Please state the actions you have taken or are planning to take with timescales:

Timescale & Post holder responsible:

HSE response: Dublin South will allocate all children in care

National & Regional

<p>and is awaiting the arrival of SW staff, following approval to recruit, to implement this action.</p> <p>Dublin South is committed to ensuring children in care have their reviews and updated Care Plans within legal time frames. For cases that are unallocated at present the SWTL manages and allocates cases to ensure reviews and care plans are updated.</p>	<p>offices, Area Manager, PSW- All SW vacancies were submitted to National Recruitment Service by 31st March 2013 and approval is taking place. Awaiting appointment of staff.</p> <p>PSW and SWTL review this monthly and TL has system in place to allocate reviews when due.</p>
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Outcome 6 – Each child receives high quality care from carers that have been appropriately assessed and approved.

The LHA is failing to comply with a standard and regulatory requirements in the following respect:

All non-relative foster carers were approved by the Foster Care Committee. The vast majority had short term approval and a short term contract for each foster child in their care. The failure to match children who required a long placement with suitably approved carers has the potential to undermine the stability of the placements. In addition, a younger child had been inappropriately placed in social lodgings two years previously.

The assessment and approval process exceeded the 16 week Regulatory requirement.

However, 14 of the relative foster carers had not been fully assessed and approved. This was now being actively managed.

13. Action required:

The Dublin South/Dun Laoghaire LHA should implement policies on the approval of foster carers and assessment procedures to enable them to approve and match foster carers to the needs of children in their care.

Health Information and Quality Authority

14. Action required:	
The Dublin South/Dun Laoghaire LHA should ensure that the assessment is completed within 16 weeks of their formal application, unless more time is required.	
15. Action required:	
The Dublin South/Dun Laoghaire LHA should ensure that relatives who apply, or are requested to apply, to care for a child or young person under Section 36(1) (d) of the Child Care Act, 1991 participate in a comprehensive assessment of their ability to care for the child or young person and are formally approved by the HSE.	
Related reference:	
Standard 14: Assessment and Approval of Foster Carers Child Care (Placement of Children in Foster Care) Regulation 5, 9 Child Care (Placement of Children in Relative Care) Regulation 5, 6, 9	
Please state the actions you have taken or are planning to take with timescales:	Timescale & Post holder responsible:
HSE response: HSE Dublin South is committed to assessing and approving short and long-term placements. Unmet need is notified by PSW to Area Manager on a regular basis which in turn is sent to Snr Management. Exemptions have been requested to fill vacancies and posts have been approved to fill. We have an agency worker employed on Fostering Team to support us with processing assessments in a timely manner.	PSW notifies Area Manager and Senior Management monthly-ongoing. 30 th September 2013
There are 14 Sect 36 families awaiting approval. All have preliminary checks completed and are being assessed and a SWTL has been assigned to progress the paperwork needed to get cases to the committee. Action plan developed to address.	PSW and SWTL prioritised this and Assessments all allocated and to be completed by 30 th Sept 2013.
Outcome 7 – Carers is supported to provide high quality care through ongoing participation in relevant training, supervision and reviews.	
The LHA is failing to comply with a regulatory requirement in the following respect:	
Inspectors found that the standard of supervision provided by link workers varied.	
A training needs analysis for foster carers was not undertaken and the HSE did not	

provide foster carers with ongoing training.	
<p>16. Action required:</p> <p>The Dublin South/Dun Laoghaire LHA should ensure that link workers provide appropriate supervision and support for foster carers and their children.</p>	
<p>17. Action required:</p> <p>The Dublin South/Dun Laoghaire LHA should ensure that foster carers participate in the training necessary to equip them with the skills and knowledge required to provide high quality care.</p>	
<p>Related reference:</p> <p>Standard 15: Supervision and Support Child Care (Placement of Children in Foster Care) Regulation 15 Child Care (Placement of Children in Relative Care) Regulation 15</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale & Post holder responsible:
<p>HSE response:</p> <p>Every foster carer who has a child placed has an allocated link worker to provide support to them. Training is provided by HSE on a regular basis. Record of carers who attend training is kept by SWTL and commitment to attend training is part of fostering contract and reviews of carers to commence by September 2013 will assist with this.</p>	<p>Training provided by team ongoing. Reviews to commence by 30th September 2013.</p>

Outcome 7 – Carers are supported to provide high quality care through ongoing participation in relevant training, supervision and reviews.	
The LHA is failing to comply with a standard in the following respect:	
There was no system in place to formally review foster carers to ensure their continuing capacity to provide high quality care.	
18. Action required:	
The Dublin South/Dun Laoghaire LHA should ensure that foster carers participate in regular reviews of their continuing capacity to provide high quality care and to assist with the identification of gaps in the fostering service.	
19. Action required:	
The Dublin South/Dun Laoghaire LHA should ensure that Foster Care Committees are notified of the outcome of reviews.	
Related reference:	
Standard 17: Reviews of Foster Carers	
Please state the actions you have taken or are planning to take with timescales:	Timescale & Post holder responsible:
HSE response: Dublin South to implement Reviews of Foster Carers and received the documentation regarding conducting reviews in July 2012. We will review with SW Teams and begin reviews by September 2013	PSW and SWTL and SW's begin preparation with staff in July 2013 and begin reviews in September 2013.
Outcomes of reviews will be notified to Placement Committee as per policy.	SWTL.

Outcome 8 – Effective governance, leadership and management arrangements enable the full range of children’s needs to be met.

The LHA is failing to comply with a standard in the following respect:

Inspectors found that key HSE policies such as the Child Protection, the use of supported lodgings, Foster Care Committee’s Policy, Procedures and Best Practice guidance were not fully implemented in the LHA.

The HSE *Case Transfer Policy between LHA Social Work Departments (2011)* was in place but this was not implemented.

The source of HSE funding for young people with disabilities over 18 years was not clear and this presented an obstacle for these young people leaving care. Not all young people with disabilities were having the treatments they required due to budgetary cutbacks.

20. Action required:

The Dublin South/Dun Laoghaire LHA should ensure that all national policies in relation to foster care are fully implemented and training is provided to support social work staff in implementing these policies.

21. Action required:

HSE implement protocols for the transfer of cases to other areas.

22. Action required:

The Dublin South/Dun Laoghaire LHA should ensure that policies and procedures promote a partnership approach to the care of children, involving them, in accordance with their age, stage of development and individual needs, their families, foster carers and professionals employed by health boards and other agencies in the development and delivery of services.

Related reference:

Standard 18: Effective policies

Please state the actions you have taken or are planning to take with timescales:

Timescale & Post holder responsible:

HSE response: Briefing sessions at local meetings took place re FCC policies and procedures. Sessions took place re Review of Foster Carers process.

SWTL March 2013-completed.

<p>PSW has met with manager for HSE disability services to discuss young people who require their support. We continue to advocate for young people in our service to be linked into the appropriate disability service pre and post 18.</p> <p>One young person identified in inspection with unmet needs due to lack of access to HSE disability services is now in receipt of therapies.</p> <p>National Transfer policy of SW cases is being reviewed by HSE National office. PSW has provided list of cases requiring transfer to Area Manager and has requested transfers on these cases and will be progressed pending the national implementation of the Transfer policy.</p>	<p>Area meetings established and next meeting due 30th May 2013.</p> <p>PSW – April 2013</p> <p>National Office - to review this issue and consider transfer policy being implemented across the HSE – Dec 31st 2013</p>
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Outcome 8 – Effective governance, leadership and management arrangements enable the full range of children’s needs to be met.

The LHA is failing to comply with a standard in the following respect:

The LHA did not have a monitoring process for the fostering service as required in the standards.

The social work team was operating at 67% capacity and applications to fill vacant posts were not approved.

The LHA did not gather data on complaints, outcomes of children who left the service or the educational outcomes for children in foster care in order to strategically plan service improvements. There were no formal processes in place to consult with children and other stakeholders.

23. Action required:

The Dublin South/Dun Laoghaire LHA should put monitoring and quality assurance systems in place that are separate from the line management structures for foster care services:

- to ensure compliance with statutory requirements and standards;
- to ensure consistency and equity in relation to the quality of service across all of their community care areas;
- to collate information on complaints about foster care services;
- to take action as appropriate.

<p>24. Action required:</p> <p>The Dublin South/Dun Laoghaire LHA should ensure that there are a sufficient number of social workers employed to undertake the duties of the child and family social worker and link worker.</p>	<p>25. Action required:</p> <p>The Dublin South/Dun Laoghaire LHA should put systems in place for gathering and analysing information about their foster care services to enable them to monitor the number and type of available foster placements and the level of unmet need.</p> <p>The systems must also gather information on foster care reviews, foster care placement breakdowns, children awaiting foster placements in other care arrangements, complaints and allegations.</p>
<p>Related reference:</p> <p>Standard 19 Management and Monitoring of Foster Care Services Child Care (Placement of Children in Foster Care) Regulations 1995, Part IV, Article 17 Child Care (Placement of Children with Relatives) Regulations 1995, Part IV, Article 17</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale & Post holder responsible:
<p>HSE response: PSW has applied for exemptions to fill vacant SW posts which have been supported by Area Manager. Some posts were recently approved.</p> <p>There is no HSE monitoring officer in this area to action this.</p> <p>The Placement Committee Policies and Procedures will be implemented in the area which will assist in gathering information on reviews, breakdowns, complaints and allegations. SWTL also keeps record of all complaints against foster carers.</p>	<p>National office to approve Exemptions requested. Ongoing.</p> <p>Area Manager to alert Snr Mgmt of same by 31st May 2013.</p> <p>Reviews to commence by 30th September 2013. Staff briefing on Placement Committee Procedures took place on 28th March 2013.</p>

Outcome 8 – Effective governance, leadership and management arrangements enable the full range of children’s needs to be met.

The LHA is failing to comply with a standard and a regulatory requirement in the following respect:

The LHA did not have the number and type of foster carers required to deliver this service in accordance with the Standards or Regulations.

26. Action required:

The Dublin South/Dun Laoghaire LHA should be actively involved in recruiting and retaining an appropriate range of foster carers to meet the diverse needs of the children and young people in their care. This should include special foster care provision.

Related reference:

Standard 21: Recruitment and retention of an appropriate range of Foster Carers
Standard 22: Special Foster Care

Please state the actions you have taken or are planning to take with timescales:

Timescale & Post holder responsible:

HSE response: HSE Dublin South continues to advertise for carers and the Area is actively participating in planning a National recruitment drive for foster carers for the children who are in Care and require a foster family environment. Currently the area of special foster care is receiving attention and the Area, with the national office will develop a sense of what special foster care might look like and, in collaboration with others, will commit to developing a strategy for foster care and include special foster care as an element of this.

Local recruitment is ongoing by SWTL. National Campaign to take place 20th May 2013 and discussions will take place re the understanding and inclusion of special foster care in the foster care strategy.
PSW/SWTL, National Office by July 31st 2013.

Outcome 8 – Effective governance, leadership and management arrangements enable the full range of children’s needs to be met.

The LHA is failing to comply with a standard and a regulatory requirement in the following respect:

The Foster Care Committee’s contribution to service planning was limited because the social work department did not pass key information on to the Committee.

The majority of children were in foster care placements for prolonged periods and there was no long-term matching done for the majority of these children.

27. Action required:

The Dublin South/Dun Laoghaire LHA should ensure that the Foster Care Committee receive the outcomes of foster carer’s reviews for their consideration, including the details of complaints, allegations and placement endings.

28. Action required:

The Dublin South/Dun Laoghaire LHA should ensure Foster Care Committees:

- consider the assessment reports for foster care applicants
- recommend to health boards whether or not to put the applicants’ names on their panel of foster carers
- receive notification of the outcome of foster carers’ reviews
- recommend endorsement or review of their status
- approve long-term placements planned for a duration of at least 6 months.

Related reference:

Standard 23: The Foster Care Committee

Child Care (Placement of Children in Foster Care) Regulations 1995, Part III, Article 5 (3)

Child Care (Placement of Children with Relatives) Regulations 1995, Part III, Article 5 (2)

Please state the actions you have taken or are planning to take with timescales:

Timescale & Post holder responsible:

HSE response: HSE Dublin South/Dun Laoghaire held briefing sessions on the matter of foster care reviews, complaints and allegations and the need to work with the Foster Care Committee re such matters

SWTL 28th March 2013

Exemption to fill posts has been approved and other vacant posts for filling will be followed up

PSW, Area Manager, Service

	Director and National offices by 30 th June 2013.
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Outcome 8 – Effective governance, leadership and management arrangements enable the full range of children’s needs to be met.

The LHA is failing to comply with a standard and a regulatory requirement in the following respect:

There was no HSE service level agreement for individual children on file.

29. Action required:

The Dublin South/Dun Laoghaire LHA should ensure that service level agreements, with in-built quality assurance mechanisms, are in place with agencies providing non-statutory foster care services to ensure a safe high quality service to children.

Related reference:

Standard 24: Placement of Children through non-statutory agencies

Please state the actions you have taken or are planning to take with timescales:

Timescale & Post holder responsible:

HSE response: The use of formal Service Level Agreements (SLAs) will be introduced to such private providers which will facilitate in built quality assurance mechanisms.

Service Director (Lead SLA Designate) Area Manager & PSW 30th June 2013 and thereafter as required

The overall management of such SLAs between HSE and providers will be discussed at regional management level.

PSW, Area Manager, Service Director and National office

Allocation of Social workers to such placements also facilitates quality assurance

PSW and National approval. 30th June 2013

Outcome 8 – Effective governance, leadership and management arrangements enable the full range of children’s needs to be met.

The LHA is failing to comply with a standard in the following respect:

Foster Carers and birth parents were not aware of the HSE complaints policy or how to progress a complaint if they were dissatisfied with the outcome of a locally managed complaint.

30. Action required:

The Dublin South/Dun Laoghaire LHA should implement HSE policies and procedures designed to ensure that children and young people, their families, foster carers and others with a bona fide interest in their welfare can make effective representations, including complaints, about any aspect of the fostering service, whether provided directly by the LHA or by a non-statutory agency.

Related reference:

Standard 25: Representations and complaints

Please state the actions you have taken or are planning to take with timescales:

Timescale & Post holder responsible:

HSE response: Dublin South displays 'Your Service Your Say' complaints leaflets in reception in HSE Our Lady's Clinic and posters regarding complaints process up in the clinic and access rooms.

PSW circulated Your Service Your Say literature to Team Leaders for discussion as sub team meetings to ensure all staff aware of process.

Foster Carers and Children in Care will be given copies of literature regarding complaints process and follow up home visit will be completed.

Complaints information is on display in public offices. Leaflets available in Health Centre Reception. Same leaflets posted to all carers in Jan 2013.

PSW, SWTL & all SW department staff now fully aware of complaints process. March 28th 2013

SWTLs and SW staff will complete by 30th September 2013. New child friendly literature

	will be circulated by September 2013 and follow up visit by SW.
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